
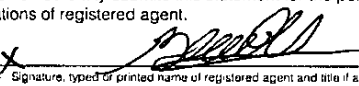
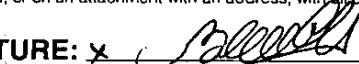


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90057 027 ***150.00

DOCUMENT # P02000084112			
1. Entity Name DDT CORP.			
Principal Place of Business 3873 S.W. 171ST TERRACE MIRAMAR, FL 33027		Mailing Address 3873 S.W. 171ST TERRACE MIRAMAR, FL 33027	
2. Principal Place of Business 322 SW 195th Ave Suite, Apt. #, etc.		3. Mailing Address 322 SW 195th Ave Suite, Apt. #, etc.	
City & State Pembroke Pines, FL Zip 33029 Country USA		City & State Pembroke Pines, FL Zip 33029 Country USA	
4. FEI Number 43-1971556		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VALLAVANTI, BELEN 3873 S.W. 171ST TERRACE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name Vallavanti, Belen Street Address (P.O. Box Number is Not Acceptable) 322 SW 195th Ave City Pembroke Pines FL Zip Code 33029	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Belen Vallavanti 1/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP VALLAVANTI, BELEN 3873 SW 171 TERR MIRAMAR, FL 33027 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP Vallavanti, Belen 322 SW 195th Ave Pembroke Pines FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Belen Vallavanti		1/21/05 (954) 885-6520	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01212005 Chg-P CR2E034 (10/03)