


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 24, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90182 007 \*\*\*150.00

<b>DOCUMENT # P02000132059</b>	
1. Entity Name <b>DIGITAL DATA GROUP INCORPORATED</b>	

Principal Place of Business <b>7332 MONTEREY BLVD. TAMPA FL 33625</b>	Mailing Address <b>7332 MONTEREY BLVD. TAMPA FL 33625</b>
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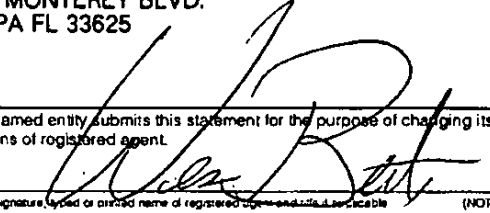
2. Principal Place of Business <b>7332 Monterey Blvd</b> Suite, Apt. #, etc.	3. Mailing Address <b>7332 Monterey Blvd</b> Suite, Apt. #, etc.
City & State <b>TAMPA FL 33625</b>	City & State <b>TAMPA, FL 33625</b>
Zip <b>33625</b> Country <b>USA</b>	Zip <b>33625</b> Country <b>USA</b>

1st MOORE CR2E034 (10/04)

4. FEI Number <b>92-0188870</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BEATY, WESLEY S 7332 MONTEREY BLVD. TAMPA FL 33625</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  DATE <b>4/10/05</b> <small>Signature, typed or printed name of registered agent, and date required when re-registering</small> (NOTE: Registered Agent signature required when re-registering)
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEATY, WESLEY S 7332 MONTEREY BLVD. TAMPA FL 33625</b> <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	<b>D POWLESS, MICHAEL C 3111 W. POWHATTAN AVE. TAMPA FL 33614</b> <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
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.
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<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	Date <b>4/10/05</b> Daytime Phone <b>813-874-2458</b>
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ATTACHMENT

66023774

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 22, 2005

DIGITAL DATA GROUP INCORPORATED  
7332 MONTEREY BLVD.  
TAMPA, FL 33625

FEI#  
92-0188878

Subject: **DIGITAL DATA GROUP INCORPORATED**

Reference Number:

P02000132059

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MG  
ANNUAL REPORTS SECTION

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