

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071845

Entity Name: DIGITAL IDENTITY, INC.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

4105 VIRGINIA TERRACE
WEST PALM BEACH, FL 33405

New Principal Place of Business:

1331 N FEDERAL HIGHWAY
APARTMENT A
LAKE WORTH, FL 33460

Current Mailing Address:

P.O. BOX # 1672
WEST PALM BEACH, FL 33402

New Mailing Address:

P.O. BOX #68
LAKE WORTH, FL 33460

FEI Number: 20-0043905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBROSE, FRANCIE
4105 VIRGINIA TERRACE
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

AMBROSE, FRANCIE
1331 N FEDERAL HIGHWAY
APARTMENT A
LAKE WORTH, FL 33460 US

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.

SIGNATURE: FRANCIE AMBROSE

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MS. () Delete
Name: AMBROSE, FRANCIE
Address: P.O. BOX #1672
City-St-Zip: WEST PALM BEACH, FL 33402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: AMBROSE, FRANCIE
Address: P.O. BOX #68
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIE AMBROSE

MS.

04/10/2008

Electronic Signature of Signing Officer or Director

Date