
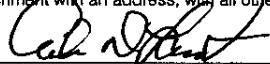


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90316 035 ***150.00

DOCUMENT # P03000109002 1. Entity Name DIGITAL EQUIPMENT COMPANY			
Principal Place of Business 1680 FRUITVILLE ROAD SUITE 202 SARASOTA, FL 34236		Mailing Address 1680 FRUITVILLE ROAD SUITE 202 SARASOTA, FL 34236	
2. Principal Place of Business NO CHANGE		3. Mailing Address NO CHANGE	
Suite, Apt. #, etc. Third Floor		Suite, Apt. #, etc. Third Floor	
City & State NO CHANGE		City & State NO CHANGE	
Zip NO CHANGE		Zip NO CHANGE	
4. FEI Number 20-0343746		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, ARTHUR D 1680 FRUITVILLE ROAD SUITE 202 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name NO CHANGE Street Address (P.O. Box Number is Not Acceptable) NO CHANGE Third Floor City NO CHANGE FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, ARTHUR D 1680 FRUITVILLE ROAD SUITE 202 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE NO CHANGE 1680 FRUITVILLE ROAD THIRD FLOOR NO CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMKINS, RONALD T 1680 FRUITVILLE ROAD SUITE 202 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE NO CHANGE 1680 FRUITVILLE ROAD THIRD FLOOR NO CHANGE
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
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.			
SIGNATURE: 		3/22/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	