


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P03000109291 1. Entity Name DTG MEDIA COMPANY |  |
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|---|---|
| Principal Place of Business 16212 130TH WAY NORTH JUPITER, FL 33478 | Mailing Address 16212 130TH WAY NORTH JUPITER, FL 33478 |
|---|---|

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-0298340 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GORDON, CLIFFORD R
16212 130TH WAY NORTH
JUPITER, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000524902 05/04/06-80008-025 158.75 |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES GORDON, CLIFFORD R 16212 130TH WAY NORTH JUPITER, FL 33478 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GRAVES, LAURA L 16212 130TH WAY NORTH JUPITER, FL 33478 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CLIFFORD GORDON** **4/19/06** **561-346-1181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #