
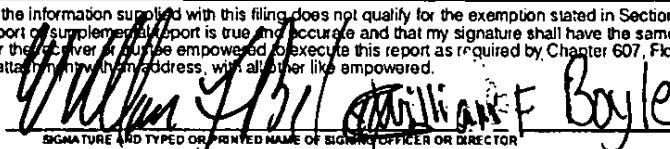


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/8/2005-90064-026-\$550.00-\$550.00

<b>DOCUMENT # P04000033995</b> 1. Entity Name <b>DTR MOTORS, INC.</b>						<b>FILED</b> <b>05 OCT -7 PM 1:33</b> SECRETARY OF STATE TREASURY DEPARTMENT			
Principal Place of Business <b>2955 PINEDA CAUSEWAY, # 103 MELBOURNE FL 32940</b>				Mailing Address <b>2955 PINEDA CAUSEWAY, # 103 MELBOURNE FL 32940</b>					
2. Principal Place of Business		3. Mailing Address		2nd MOORE CR2E034 (5/05)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
4. FEI Number <b>51-0497805</b>				Applied For <input type="checkbox"/> Not Applicable		<b>\$8.75</b> Additional Fee Required			
5. Certificate of Status Desired <input type="checkbox"/>									
6. Name and Address of Current Registered Agent  <b>BOYLE, WILLIAM F III 2955 PINEDA CAUSEWAY, # 103 MELBOURNE FL 32940</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 _____					
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 re-registering) DATE</small>									
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 7, 2005</b> <b>Make Check Payable to Florida Department of State</b>				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BOYLE, WILLIAM F III</b> <b>2955 PINEDA CAUSEWAY, # 103</b> <b>MELBOURNE FL 32940</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				
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 to this address, with all other like empowered.									
SIGNATURE: 				DATE: <b>9/1/05</b>				Daytime Phone: <b>242-4676</b>	