


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000092584	
1. Entity Name DTS ACQUISITIONS, INC.	

Principal Place of Business 1020 8TH AVENUE SOUTH SUITE 6 NAPLES, FL 34102	Mailing Address 1020 8TH AVENUE SOUTH SUITE 6 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0111358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MARK
1020 8TH AVENUE SOUTH
SUITE 6
NAPLES, FL 34102

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	U000000531097 05/06/06-80024-022 300.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDMAN, MARK 1020 8TH AVENUE SOUTH, SUITE 6 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDMAN, RICHARD 342 WASHINGTON STREET ARLINGTON, MA 02474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BISHOP, JANET P.O. BOX 407 MORTON GROVE, IL 60053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Friedman 3-15-06 239-261-8945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #