


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90002 028 ***158.75

DOCUMENT # P05000023502			
1. Entity Name DTLEGEND SYSTEMS INC.			
Principal Place of Business 185 5TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US		Mailing Address 185 5TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US	
270 Harbor Drive		2	
2. Principal Place of Business 270 Harbor Drive		3. Mailing Address 270 Harbor Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palatka FL		City & State Palatka FL	
Zip 32177	Country US	Zip 32177	Country US
4. FEI Number 20-2339218		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, DON 185 5TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Don Stewart Street Address (P.O. Box Number is Not Acceptable) 270 Harbor Drive City Palatka FL Zip Code 32177	
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 <u>Don Stewart</u> President DATE <u>3-7-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, DON 185 5TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Don Stewart</u>		Date <u>3-7-06</u> Daytime Phone # <u>386-326-0702</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	