2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025017

City-St-Zip:

PEMBROKE PINES, FL 33028

Entity Name: DATA ALTERNATIVES CORP

FILED Jan 07, 2008 Secretary of State

Littly Nai	ille. DATA AL	ILKNAII	VLS CORF.						
Current Principal Place of Business:				I	New Principal Place of Business:				
	4TH STREET								
208 FORT LAL	JDERDALE, FL	_ 33317	US						
Current M	lailing Addres	is:		1	New Maili	ng Addres	s:		
208	4TH STREET	00017							
	JDERDALE, FL		US						
FEI Number:	: 32-0140663	FEI Num	ber Applied For ()	FEI Numl	per Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Re	egistered Agent:	1	Name and	Address o	of New Registered Agent:		
NRAI SERVICES, INC., 2731 EXCUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US					NRAI SERVICES, INC. 2731 EXCUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US				
	named entity see of Florida.	submits th	is statement for the	purpose of	changing i	ts registere	d office or registered agent, or both,		
SIGNATUR	RE:						01/07/2008		
	Electron	iic Signatu	re of Registered Ag	jent			Date		
Election Car	npaign Financing	g Trust Fun	d Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PRES () WARREN, JAY 7370 NW 4TH S FORT LAUDER	STREET UNI		1	Fitle: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	TREA () WOLFORD, TY 110 CITRUS LA PONTE VEDRA	NE	US	1	Fitle: Name: Address: City-St-Zip:		(X) Change () Addition DAVID C ANOE CREEK , FL 34990 US		
Title: Name: Address: City-St-Zip:	SECR () BUSHNER, SHA 7370 NW 4TH S FORT LAUDER	STREET UNI		1	Fitle: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address:	VP () ST. LOUIS, DAV 1986 NW 170 T			1	Γitle: Name: Address:		(X) Change()Addition DAWNNA C 43RD STREET		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

DAVIE, FL 33330

SIGNATURE: JAY A WARREN **PRES** 01/07/2008