


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90214 041 ***150.00

DOCUMENT # P05000106940	
1. Entity Name DIGITAL DARKROOM EXPERTS, INC.	

Principal Place of Business 9658 CLINTON CORNERS DR. JACKSONVILLE, FL 32222	Mailing Address 9658 CLINTON CORNERS DR. JACKSONVILLE, FL 32222
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2. Principal Place of Business 7540 103rd ST	3. Mailing Address
Suite, Apt. #, etc. 103	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State
Zip 32210	Country U.S.A

04252006 Chg-P CR2E034 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOLF, JUDITH E 9658 CLINTON CORNERS DR. JACKSONVILLE, FL 32222
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7. Name and Address of New Registered Agent Name Judith E. Wolf Street Address (P.O. Box Number is Not Acceptable) 7540 103rd ST #103 City Jacksonville FL Zip Code 32210

Change Address

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 *Judith E. Wolf* DATE *Apr. 24, 2006*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLF, ROBERT M 9658 CLINTON CORNERS DR. JACKSONVILLE, FL 32222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLF, ROBERT M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7540 103rd ST #103 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLF, JUDITH E 9658 CLINTON CORNERS DR. JACKSONVILLE, FL 32222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLF, JUDITH E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7540 103rd ST #103 JACKSONVILLE, FL 32210
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 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 *Judith E. Wolf* *Judith E. Wolf* 04/24/06 610-6484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #