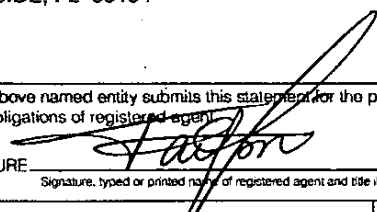
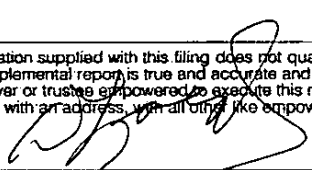


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90255 001 ***150.00
04-26-2006 90255 002 *****8.75

DOCUMENT # P05000155361 1. Entity Name DT ENTERTAINMENT CORP			
Principal Place of Business 725 92ND SURFSIDE, FL 33154		Mailing Address 725 92ND SURFSIDE, FL 33154	
2. Principal Place of Business Suite, Apt. #, etc. 725 92 ND ST		3. Mailing Address Suite, Apt. #, etc. 725 92 ND ST	
City & State SURFSIDE, FL.		City & State SURFSIDE, FL	
Zip 33154 Country		Zip 33154 Country	
4. FEI Number 20-3842640		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVERA, TAYMI 725 92ND SURFSIDE, FL 33154		7. Name and Address of New Registered Agent Name OLIVERA, TAYMI Street Address (P.O. Box Number is Not Acceptable) 725 92 ND ST City SURFSIDE FL Zip Code 33154	
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 		DATE 04/20/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 LOPEZ, DANIEL 725 92ND ST SURFSIDE, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVERA, TAYMI 725 92ND ST SURFSIDE, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		DATE 04/20/06 (305) 903 6919	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	