


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90024 002 ***150.00

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| DOCUMENT # P06000007329 | |  |
| 1. Entity Name DTI GROUP INC. | | |

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| Principal Place of Business 10913 NW 30 STREET SUITE 107 MIAMI, FL 33172 | Mailing Address 10913 NW 30 STREET SUITE 107 MIAMI, FL 33172 |
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| 2. Principal Place of Business - No P.O. Box # 1271 95 St. | 3. Mailing Address 1271 95 St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

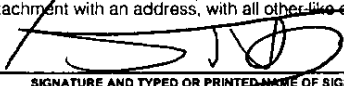
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| City & State Bay Harbor Islands, FL. | City & State Bay Harbor Island, FL. |
| Zip 33154 | Zip 33154 |
| Country Miami Dade | Country Miami Dade |

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| 6. Name and Address of Current Registered Agent DETULLIO, SEBASTIAN 400 ALTON ROAD NO. 1109 MIAMI BEACH, FL 33139 | | 7. Name and Address of New Registered Agent Name: Sebastian Detullio Street Address (P.O. Box Number is Not Acceptable) 1271 95 St. Bay Harbor Island, FL 33154 | |
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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 _____ | DATE _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | D DETULLIO, SEBASTIAN 400 ALTON ROAD #1109 MIAMI BEACH, FL 33139 <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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| 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 title empowered. | |
| SIGNATURE:  | Date: 4/3/27/08 Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |