2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020103

Entity Name: DIGITAL4LESS INC

City-St-Zip:

KISSIMMEE, FL 34746

FILED Sep 01, 2009 Secretary of State

Littly Nai	ille. DIGITAL	ILLOG INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
172 WHITE BIRCH DRIVE KISSIMMEE, FL 34743				5001B WEST IRLO BRONSON HWY 192 KISSIMMEE, FL 34746			
Current M	lailing Addres	ss:	New Maili	New Mailing Address:			
172 WHITE BIRCH DRIVE KISSIMMEE, FL 34743				5001B WEST IRLO BRONSON HWY 192 KISSIMMEE, FL 34746			
FEI Number:	: 03-0581392	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desir	ed (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	JAZ E BIRCH DRI\ E, FL 34743	Æ US					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent	t, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent	Date			
		3(2)(b), F.S., the corporation did no	ot receive the prior notic	e.			
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P (ISHAQ, AIJAZ 172 WHITE BII KISSIMMEE, F		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VP (AZOULAY, MIC 944 KERSFIEL LAKE MARY, F	D CIRCLE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address:	GVRIEL, ASUL) Delete IN BRONSON HWY	Title: Name: Address:	GVRIEL, ASU	X) Change ()Addition LIN LMA VISTA DRIVE		

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:

ORLANDO, FL 32837

SIGNATURE: AIJAZ ISHAQ P 09/01/2009