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Secretary of State

04-10-2008 90025 014 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000085461

1. Entity Name
DIGITAL PROJECT SERVICES INC.

Principal Place of Business	Mailing Address
404 LAKESHORE DR. LAKE MARY, FL 32746	404 LAKESHORE DR. LAKE MARY, FL 32746

03042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Box 239	Box 239
Suite, Apt. #, etc.: 4185 W. Lakemary Blvd	Suite, Apt. #, etc.: 4185 W. Lake Mary Blvd
City & State: Lake Mary, Fla	City & State: Lake Mary, Fla
Zip: 32746 Country: USA	Zip: 32746 Country: USA

4. FEI Number: 20-5077786 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEAN, RAY E. 404 LAKESHORE DR. LAKE MARY, FL 32746	Name: Robert R. Wiggins Street Address (P.O. Box Number is Not Acceptable): P.O. Box 239 4185 W. Lake Mary Blvd City: Lake Mary FL Zip Code: 32746

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: Robert Wiggins (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE: 3/4/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WIGGINS, ROBERT R		NAME	
STREET ADDRESS	2059 ELKCAM BLVD		STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Robert Wiggins Pres. (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 3/4/08 Daytime Phone #