

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90026 007 ***150.00

DOCUMENT # P06000099702	
1. Entity Name DTS MORTGAGE CORP	

Principal Place of Business 5505 NW 60TH CR CORAL SPRINGS, FL 33067	Mailing Address 5505 NW 60TH CR CORAL SPRINGS, FL 33067
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30001334



2. Principal Place of Business - No P.O. Box # 293 SW Port St Lucie Blvd	3. Mailing Address 293 SW Port St Lucie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05222007 Chg-P CR2E034 (12/06)

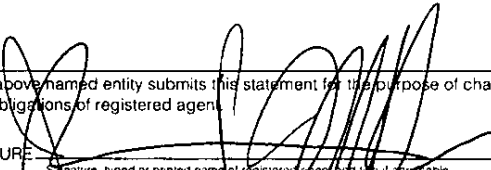
City & State Port St Lucie FL	City & State Port St Lucie FL
Zip 34984	Zip 34984
Country US	Country US

4. FEI Number 20-534871	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARSCH, GINA L 5505 NW 60TH CR CORAL SPRINGS, FL 33067
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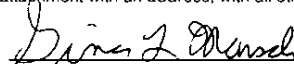
7. Name and Address of New Registered Agent Name JOHN P. MILLER Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD #305A City BOCA RATON FL Zip Code 33431

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  JOHN P. MILLER DATE 5-22-2007

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARSCH, GINA L 5505 NW 60TH CR CORAL SPRINGS, FL 33067 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FEDDERWITZ, ROBERT A 5505 NW 60TH CR CORAL SPRINGS, FL 33067 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARSCH GINA 293 SW Port St Lucie Blvd Port St Lucie FL 34984 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FEDDERWITZ, ROBERT A 293 SW Port St Lucie Blvd Port St Lucie FL 34984 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  GINA L. MARSCH DATE 5-22-2007	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR