2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000094863

City-St-Zip:

TITUVILLE, FL 32780

Entity Name: DTC TECHNOLOGIES, INC.

FILED Oct 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3445 HERON LANE 8850 GRISSOM PLWY TITUSVILLE, FL 32780 SUITE 105 TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 8850 GRISSOM PLWY 3445 HERON LANE SUITE 105 TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 FEI Number: 26-0799280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIRMAN, DUANE S INCORP SERVICES 176888 67TH COURT NORTH 3445 HERON LANE TITUSVILLE, FL 32780 US LOXAHATCHEE, FL 33470 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. SIGNATURE: NICOLE BOUCHER 10/24/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FIRMAN, DUANE S Name: Name: 3445 HERON LANE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: COSTELLO, TIMOTHY W Name: 629 ALTURA DR. Address: Address: COCOA, FL 32927 City-St-Zip: City-St-Zip: Title: Title: TRFA () Delete () Change () Addition SULTZ, CLIFFORD J Name: Name: 3445 HERON LANE Address: Address:

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:

SIGNATURE: CLIFFORD J. SULTZ 10/24/2008 TREA