

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025804

Entity Name: DMS TECHNOLOGIES, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

7810 NW 3 CT
PLANTATION, FL 33324 US

New Principal Place of Business:

480 WEST 41 PLACE HIALEAH
MIAMI, FL 33012 US

Current Mailing Address:

7810 NW 3 CT
PLANTATION, FL 33324 US

New Mailing Address:

480 WEST 41 PLACE HIALEAH
MIAMI, FL 33012 US

FEI Number: 32-0240133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, DIANA A
7810 NW 3 CT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CHAU, WALTER M
480 WEST 41 PLACE HIALEAH
MIAMI, FL 33012 US

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: WALTER CHAU

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VARGAS, DIANA A
Address: 7810 NW 3 CT
City-St-Zip: PLANTATION, FL 33324 US

Title: S (X) Delete
Name: FUENTES, MARIA
Address: 4414 N W 113 LANE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: V (X) Delete
Name: VARGAS ACOSTA, MIGUEL
Address: 4414 N W 113 LANE
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALTER, CHAU M
Address: 480 WEST 41 PLACE HIALEAH
City-St-Zip: MIAMI, FL 33012 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WALTER CHOU

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date