

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066306

Entity Name: DIGITRAX, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

2443 TRANSMITTER ROAD  
SPRINGFIELD, FL 32404

## New Principal Place of Business:

2443 TRANSMITTER ROAD  
PANAMA CITY, FL 32404 US

## Current Mailing Address:

2443 TRANSMITTER ROAD  
SPRINGFIELD, FL 32404

## New Mailing Address:

2443 TRANSMITTER ROAD  
PANAMA CITY, FL 32404 US

FEI Number: 58-2024592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

IRELAND, ANTHONY J  
315 PALO ALTO AVENUE  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

IRELAND, ANTHONY J  
1303 MAINE AV  
LYNN HAVEN, FL 32444 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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: IRELAND, ZANA  
Address: 315 S. PALO ALTO AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: IRELAND, ANTHONY J  
Address: 315 S. PALO ALTO AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: IRELAND, ZANA  
Address: 1303 MAINE AV  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition  
Name: IRELAND, ANTHONY J  
Address: 1303 MAINE AV  
City-St-Zip: LYNN HAVEN, FL 32444

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: ZANA IRELAND

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date