

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000076915

Entity Name: DTSIGMA INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

555 5TH AVE. N.E. #424  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

555 5TH AVE. N.E. #424  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 27-3512062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, DARRYL  
555 5TH AVE. N.E. #424  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMAS, DARRYL  
Address: 555 5TH AVE. N.E. #424  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SEC  
Name: THOMAS, KAREN  
Address: 555 5TH AVE. N.E. #424  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: DARRYL THOMAS

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date