

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P93000066067</b>                   |  |
| 1. Entity Name<br><b>D.V.T. ENTERPRISES INC.</b> |                                                                                   |

|                                                                                  |                                                                      |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business<br><b>12925 SW 134 CT.<br/>MIAMI FL 33186<br/>US</b> | Mailing Address<br><b>12925 SW 134 CT.<br/>MIAMI FL 33186<br/>US</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1st MOORE CR2E034 (10/07)                                                                       |                                                        |
| 4. FEI Number<br><b>65-0449139</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                 |  |
|-----------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                 |  |
| <b>WATSON, DENNIS R<br/>12925 SW 134 CT.<br/>MIAMI FL 33186</b> |  |

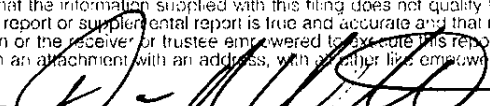
|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | Zip Code |

|                                                                                                                                                                                                                               |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 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                                                                                                                                                                                                                     | DATE |

|                                                                                                                                                 |                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WATSON, DENNIS R</b>         | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>12925 SW 134 COURT</b>       | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI FL 33186</b>           | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STRENTA, VALDO</b>           | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>24751 SW 144TH AVE.</b>      | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>PRINCETON FL 33034</b>       | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WATSON, THOMAS M</b>         | NAME                                                  |                                                                   |
| STREET ADDRESS             | <b>12925 SW 134 COURT</b>       | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                | <b>MIAMI FL 33186</b>           | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                   |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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| 12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Section 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 officer like empowered. |  |
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|------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| SIGNATURE:  | <b>Dennis Watson</b> | <b>1/30/08 3052326203</b> |
|------------------------------------------------------------------------------------------------|----------------------|---------------------------|