


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90096 019 \*\*\*150.00

<b>DOCUMENT # P94000000285</b> 1. Entity Name FLORIDA/U.S. DIGITAL NETWORKS, INC.					
Principal Place of Business 13901 US HWY 1 1 JUNO BEACH, FL 33408 US			Mailing Address 13901 N. U.S. HIGHWAY ONE SUITE 1 JUNO BEACH, FL 33408 US		
2. Principal Place of Business - No P.O. Box # <b>4425 MILITARY TRAIL</b> Suite, Apt. #, etc. <b>209</b>		3. Mailing Address <b>4425 MILITARY TRAIL</b> Suite, Apt. #, etc. <b>209</b>			
City & State <b>Jupiter, FL</b> Zip <b>33458</b>		City & State <b>Jupiter, FL</b> Zip <b>33458</b>		4. FEI Number <b>59-3299887</b>	
Country <b>US</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  SUTO, MARK W 13901 N. U.S. HIGHWAY ONE SUITE 1 JUNO BEACH, FL 33408				7. Name and Address of New Registered Agent  Name <b>SUTO MARK W</b> Street Address (P.O. Box Number is Not Acceptable) <b>151 S OCEAN GRANDE BLVD</b>  City <b>Jupiter</b>	
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.				FL Zip Code <b>33457</b>	
SIGNATURE <u>X</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SUTO, MARK W 13901 N. US HWY 1- STE 1 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTO, NANCY 13901 US HWY ONE STE 1 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUTO, AARON 13901 N. US HWY 1- STE 1 JUNO BEACH, FL 33408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: <u><i>Mark W Suto</i></u> <b>ACKNOWLEDGED</b> <b>3/8/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					