

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000073743

Entity Name: D.T.G. ENTERPRISES, INC.

**FILED**  
**Jun 11, 2007**  
**Secretary of State****Current Principal Place of Business:**6822 RIDGE RD  
NEW PORT RICHEY, FL 34668 US**New Principal Place of Business:****Current Mailing Address:**12412 ECLIPSE COURT  
NEW PORT RICHEY, FL 34654**New Mailing Address:**

FEI Number: 59-3269774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**TYNDALL, GLORIA  
12412 ECLIPSE COURT  
NEW PORT RICHEY, FL 34654 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: D ( ) Delete  
Name: TYNDALL, GLORIA  
Address: 12412 ECLIPSE COURT  
City-St-Zip: NEW PORT RICHEY, FL 34654Title: D (X) Delete  
Name: TYNDALL, DONALD B  
Address: 12412 ECLIPSE COURT  
City-St-Zip: NEW PORT RICHEY, FL 34654**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**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: GLORIA TYNDALL

D

06/11/2007

Electronic Signature of Signing Officer or Director

Date