



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90048 050 ***150.00

DOCUMENT # P95000004360 1. Entity Name DTNET, INC.					
Principal Place of Business 3507 FRONTAGE ROAD 150 TAMPA, FL 33607			Mailing Address 3507 FRONTAGE ROAD 150 TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box # 5215 W LAUREL St. #101 Suite, Apt. #, etc. #101		3. Mailing Address 5215 W LAUREL ST. #101 Suite, Apt. #, etc. #101		40116701  05032007 Chg-P CR2E034 (12/06)	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number 59-3294237	
Zip 33635		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, MICHAEL M 3507 FRONTAGE RD., STE. 150 TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>Michael M. Moore</i></u> DATE: <u>May 3, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MICHAEL M 18 BAHAMA CIR DAVIS ISLAND, FL 33606	<input type="checkbox"/> Delete			
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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>Michael M. Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/3/07 <small>Date</small>		(813) 864-9400 <small>Daytime Phone #</small>