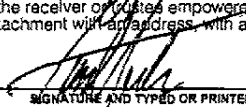


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000072071 1. Entity Name DIGF INVESTMENT, INC.,		
Principal Place of Business 2933 MARTIN STREET APT # 29 ORLANDO, FL 32806	Mailing Address 2933 MARTIN STREET APT # 29 ORLANDO, FL 32806	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CANALES, DANTE 14525 GAINESBOROUGH DRIVE ORLANDO, FL 32826-4003		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CANALE, DANTE 14525 GAINESBOROUGH DR ORLANDO, FL 32826	DO NOT WRITE IN THIS SPACE U000000591166 01/19/07-80012-007 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CANALE, GIOVANNI 7147 YACHT BASIN AVE APT 130 ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SCCT CANALE, MARIA I 14525 GAINESBOROUGH DR ORLANDO, FL 328264003	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01-16-07 407-4150472 Date Daytime Phone #