

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022185

Entity Name: DIGITAL ALTERNATIVES, INC.

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

3666 TAMIAMI TRAIL NO
SUITE 202
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

3666 TAMIAMI TRAIL NO
SUITE 202
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0643875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINSON, JESSE
3666 TAMIAMI TRAIL N.
SUITE 202
NAPLES, FL 34103 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINSON, JESSE
Address: 3666 TAMIAMI TRAIL N., SUITE 202
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: CAMPBELL, THOMAS L
Address: P.O. BOX 634
City-St-Zip: NAPLES, FL 34106

Title: D () Delete
Name: LYNCH, DENNIS J
Address: 4081 TAMIAMI TRAIL N, SUITE C-105
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: SNYDER, C DAVID
Address: 1940 EAST 6TH STREET, SUITE 200
City-St-Zip: CLEVELAND, OH 44114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JESSE HINSON

P

02/02/2007

Electronic Signature of Signing Officer or Director

Date