## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 05, 2006 08:00 AM Secretary of State DOCUMENT # P97000075994 1. Entity Name DIGITAL IMAGE TECHNOLOGIES, INC. Principal Place of Business Mailing Address **835 SE 8TH AVE** 835 SE 8TH AVE DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 US 03162006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0781727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BOCHICCHIO, JAMES** DO NOT WRITE 2727 NE 51ST STREET FORT LAUDERDALE, FL 33308 IN THIS SPACE 6. 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 pame of registered agent and tate if applicable (NOTC. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **BOCHICCHIO, JAMES** NAME STREET ADORESS 2727 NE 51ST STREET FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE 1100000493386 NAME 04/20/06-80003-011 150.00 STREET ADDRESS CITY-S7-27P TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-51-2/P TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 area that my name appears with all other like empowered.

Lacold 201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED