## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000095444

Entity Name: DIGITAL JUICE, INC

City-St-Zip:

ORLANDO, FL 32801

FILED Feb 10, 2009 Secretary of State

Littly Nan	ile. DIGITAL C	IOICE, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
600 TECHNOLOGY PARK DRIVE					
SUITE 104 LAKE MAR	Y, FL 32746	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
600 TECHNOLOGY PARK DRIVE SUITE 104 LAKE MARY, FL 32746 US					
		US			
FEI Number:	59-3479060	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DAVIS, E. NICHOLAS III 1030 NORTH ORANGE AVENUE SUITE 105 ORLANDO, FL 32801 US			SUITE 104	600 TECHNOLOGY PARK DRIVE	
The above in the State	named entity s of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: VIVIAN T. BEASON				02/10/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HEBEL, DAVID	GY PARK DRIVE, SUITE 104	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BEASON, VIVIA	GY PARK DRIVE, SUITE 104	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	DAVIS, E. NICH	Delete DLAS III RANGE AVENUE, SUITE 105	Title: ( Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: VIVIAN T. BEASON P,D 02/10/2009