2008 FOR PROFIT CORPORATION

FILED Mar 26, 2008 08:00 AN te

	ANNUAL	REPORT		Securitary of	Sta
	IMENT # P980000251	127		Secretary of	Sta
DIGITAL CONCEPTS OF DAYTONA INC.					
DIGITAL CONCEPTS OF DATTONA INC.					
Principal Plac	ce of Business	Mailing Address		1	
901 NIXON		901 NIXON LANE			
	IGE, FL 32119	PORT ORANGE, FL 32119			
				THE REPORT FOR THE PART OF THE STATE AND THE STATE WAS THE STATE AND THE	11 (21)
11	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	The state of the s	46.47.2 (4.3.1)		
100000	and the second second second	Escar Security		02162008 No Chg-P CR2E034 (11/05)	
. [OO NOT WRITE	IN THIS SPA	CE		d Ear
·				4. FEI Number Applier 59-3498776 Not Ap	plicable
		The first the second se	ر در این در این	5. Certificate of Status Desired \$8.75 Addition Fee Required	al
	6. Name and Address of Current Re	sgistered Agent	· . · . · · . · · . · · . · · · · ·		
STALLAR	RD, SANDRA H			DO NOT WRITE	. '!
901 NIXO			Elitable Mark	المراجع الإنجاب الأراج الأمراني المناف المنافرة المنافر أأموان	4
FUNION	ANGE, FL 32113		The same of the sa	IN THIS SPACE	1
			7 78	the state of the s	•
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 Fiorida. I am familiar with, and accept					
the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered egent and	titile if applicable (NOTE Register	red Agent signature required	d when reinstating) DATE	
E.I.		9. Election Campaign Final	encina \$5	00 No. Bo	
After M	LE NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00			.00 May Be ded to Fees	
10.	OFFICERS AND DI	RECTORS			
TITLE	PVST			Water Control of the	
NAME STREET ADDRESS	STALLARD, SANDRA H			And the second section of the section o	13 - 15 - 1
CITY-S1-ZIP PT ORANGE, FL 32119				A STATE OF THE STA	
TITLE			Sec. Strain,		: :
NAME STREET ADDRESS			i gale	U00000869271	തര
CITY-ST-ZIP				04/09/08-80042-012 150.	UU
TITLE			- h - 'y		
NAME STREET ADDRESS			."" > '' + .:		. •
CITY-ST-ZIP			ું ક કુંદ્રમાં કુંદ્રમાં	DO NOT WRITE	
TITLE				IN THIS SPACE	
NAME STREET ADDRESS				The state of the s	**
CITY-ST-ZIP				ROLL TO THE SECOND STREET STREET SECOND SECO	, , , ,
TITLE NAME			Participation of the state	The first and the figure to the contract of	, ,
STREET ADDRESS				in service of the control of the con	
CITY ST-ZIP	,				i li '
TITLE			Tarry Control	John Bridge Brid	

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Sanctiva A. Stallard SANDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR