## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000028210

Title:

Name:

Address:

City-St-Zip:

( ) Delete

MERRITT ISLAND, FL 32953 US

WATKINS, NATALIE E

330 MELBOURNE AVE

FILED Mar 16, 2005 Secretary of State

Entity Na	me: TREEFF	ROG DATA SOLUTIC	DNS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
1227 SOUTH PATRICK DR SUITE 105 SATELLITE BEACH, FL 32937 US				503 N ORLANDO AVE, STE 201 COCOA BEACH, FL 32931 US			
Current Mailing Address:				New Mailing Address:			
1227 SOUTH PATRICK DR SUITE 105 SATELLITE BEACH, FL 32937 US				503 N ORLANDO AVE, STE 201 COCOA BEACH, FL 32931 US			
FEI Number	mber: 06-1511159 FEI Number Applied For ( )			mber Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1329 BED MELBOUF The above	N, CHRISTOP FORD DRIVE RNE, FL 3294 named entity e of Florida.	, SUITE 1 0 US	ent for the purpose o	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATU		nic Signature of Reg	istored Agent			 Date	
Election Ca		nic Signature of Reg ng Trust Fund Contribut	· ·			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DELEO, DEBE 1010 S. BREV			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MORRIS, CAR 3232 CAUTHE			Title: Name: Address: City-St-Zip:	VS MORRIS, C 108 MILL F PRATTVILL		
Title:	D (	) Delete		Title:	D	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARI JO MORRIS VΡ 03/16/2005

(X) Change ( ) Addition

MCCLENAHAN, NATALIE E

ROCKLEDGE, FL 32955 US

20 VERMONT AVENUE