## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P98000037070

Entity Name: DIGIPLOT, INC.

FILED Jul 24, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Princ	ipal Place of Business:
100 NW 2 SUITE A BOCA RA	8 ST TON, FL 3343 <sup>2</sup>			
Current N	lailing Addres	s:	New Mailir	ng Address:
100 NW 2 SUITE A BOCA RA	8 ST TON, FL 33431			
FEI Number	: 65-0834637	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
100 NW 2 SUITE A BOCA RA	MARK S CFO 8 STREET TON, FL 3343 <sup>7</sup>			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing it	s registered office or registered agent, or both,
SIGNATU	RE:			
		a Cianatura of Dagistarad As	rent	Date
	Electron	c Signature of Registered Ag	gent	Date
	S AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECT	FORS: Delete D		
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECT PRES () SHARIFF, HAMI 1962 NW 100 A PEMBROKE PIN	FORS: Delete D VE JES, FL 33024 Delete DL VE	ADDITION Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PRES () SHARIFF, HAMI 1962 NW 100 A PEMBROKE PIN SVP () SHARIFF, CARC 1962 NW 100 A PEMBROKE PIN CFO () YARALLI, MARK	TORS:  Delete D VE IES, FL 33024  Delete DL VE IES, FL 33024  Delete SES, FL 33024  Delete SES FL 33024	ADDITION  Title: Name: Address: City-St-Zip:  Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
Title: Name: Address:	PRES () SHARIFF, HAMI 1962 NW 100 A PEMBROKE PIN SVP () SHARIFF, CARC 1962 NW 100 A PEMBROKE PIN CFO () YARALLI, MARK 347 N NEW RIV FORT LAUDERI	TORS:  Delete D VE IES, FL 33024  Delete DL VE IES, FL 33024  Delete SES, FL 33024  Delete SES FL 33024	ADDITION  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	S/CHANGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) 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.

SIGNATURE: MARK YARALLI CFO 07/24/2007