2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050824

City-St-Zip:

SARASOTA, FL 34239 US

FILED Apr 24, 2006 Secretary of State

Entity Name: DIGITAL INFORMATION TECHNOLOGIES INC. **Current Principal Place of Business:** New Principal Place of Business: 7455 16TH ST. EAST # 1 2937 BEE RIDGE RD. SARASOTA, FL 34243 SUITE 11 US SARASOTA, FL 34239 US **Current Mailing Address:** New Mailing Address: 2937 BEE RIDGE RD. 7455 16TH ST. EAST # 1 SUITE 11 SARASOTA, FL 34243 US SARASOTA, FL 34239 US FEI Number: 65-0935232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEFROCK, JACK L SHERIDAN, TROY 647 WATERSIDE WAY 5338 FOXWOOD DR. SARASOTA, FL 34242 SARASOTA, FL 34232 US US 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. SIGNATURE: TROY SHERIDAN 04/24/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SHERIDAN, TROY Name: Name: 5338 FOXWOOD DR Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: () Delete Title: OD Title: () Change () Addition Name: LEFROCK, JACK L Name: 647 WATERSIDE WAY Address: Address: SARASOTA, FL 34242 City-St-Zip: City-St-Zip: Title: Title: OVD () Delete () Change () Addition FERNANDEZ, ROB Name: Name: 1927 GOLDENROD STREET Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: TROY SHERIDAN OPD 04/24/2006