2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 03, 2006 08:00 AM **DOCUMENT # P99000053909 Secretary of State** 1. Entity Name D.T.T.P. INVESTMENTS, INC. Principal Place of Business Mailing Address 524 STOCKTON ST. 524 STOCKTON ST. JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3592289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent COLD, KATHLEEN H DO NOT WRITE SUITE 2301, ONE INDEPENDENT DR. JACKSONVILLE, FL 32202 IN THIS SPACE 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reliestating) DATE \$5.00 May Be 9. Efection Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 18. OFFICERS AND DIRECTORS TITLE GAY, WILLIAM W NAME STREET ADDRESS 524 STOCKTON ST. D17-51-27 JACKSONVILLE, FL 32204 TITLE 02/14/06-30015-816 150,80 MAME GAY, ELOISE D STREET ADDRESS 524 STOCKTON ST. CRY-ST-ZP JACKSONVILLE, FL 32204 TITLE NAME STREET ADDRESS DO NOT WRITE MY-ST-ZP m F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 justice empty wered lyexecyte this report as required by Chapter 607, Florida Statutes; and that my flame appears in Block 10 or Block 11 if changed, or on an attachment with an adjustify with all other life empowered.

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STREET ACCRESS CITY-ST-ZIP

> MANATURE AND TYPED OR PRINTED NAME OF AGNING OFFICER OR DIRECTOR

PARTNER

1/31/2006