

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063406

Entity Name: DMT SOLUTIONS, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

850 NORTH FEDERAL HIGHWAY
PALM CITY, FL 34994

New Principal Place of Business:

850 NORTH FEDERAL HIGHWAY
STUART, FL 34994

Current Mailing Address:

850 NORTH FEDERAL HIGHWAY
PALM CITY, FL 34994

New Mailing Address:

850 NORTH FEDERAL HIGHWAY
STUART, FL 34994

FEI Number: 65-0933674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMEI, DEREK M
2185 SW FOREST HILLS
PALM CITY, FL 34991 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: TOMEI, DEREK M
Address: P O BOX 1256
City-St-Zip: PALM CITY, FL 34991

Title: MRS () Delete
Name: TOMEI, JOSEPHINE P
Address: 2185 SW FOREST HILLS LANE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEREK TOMEI

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date