


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90033 043 \*\*\*150.00

DOCUMENT # P99000075932			
1. Entity Name D-T COMMUNICATIONS, INC.			
Principal Place of Business 7335 HENRY ST. ENGLEWOOD, FL 34224		Mailing Address P.O. BOX 5103 ENGLEWOOD, FL 34224	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 7788 minardi st		Suite, Apt. #, etc.	
City & State north Port FL		City & State	
Zip 34286	Country	Zip	Country
6. Name and Address of Current Registered Agent BRONSON, CHRISTINE T 7335 HENRY ST. ENGLEWOOD, FL 34224		7. Name and Address of New Registered Agent Name: David WadHams Street Address (P.O. Box Number is Not Acceptable): 7788 minardi st. City: north Port FL Zip Code: 34286	
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: <u>David WadHams</u> DATE: <u>3-18-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRONSON, CHRISTINE T 7335 HENRY ST. ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADHAMS, DAVID T 7335 HENRY ST ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David WadHams 7788 minardi st. north Port FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>David WadHams</u>		Date: <u>3-18-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0942677 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required