

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077832

Entity Name: DIGITAL SWITCHING, INC.

FILED  
Mar 01, 2007  
Secretary of State

## Current Principal Place of Business:

17736 NATHANS DR.  
TAMPA, FL 33647

## New Principal Place of Business:

17874 N US HWY 41  
LUTZ, FL 33549 US

## Current Mailing Address:

17736 NATHANS DR.  
TAMPA, FL 33647

## New Mailing Address:

17874 N US HWY 41  
LUTZ, FL 33549 US

FEI Number: 59-3598796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHANKLAND, HAROLD L  
17736 NATHANS DR.  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

SHANKLAND, HAROLD L  
17874 N US HWY 41  
LUTZ, FL 33549 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: HAROLD SHANKLAND

03/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHANKLAND, HAROLD L  
Address: 17736 NATHANS DR.  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHANKLAND, HAROLD L  
Address: 17874 N US HWY 41  
City-St-Zip: LUTZ, FL 33549

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.

SIGNATURE: HAROLD SHANKLAND

PRES

03/01/2007

Electronic Signature of Signing Officer or Director

Date