

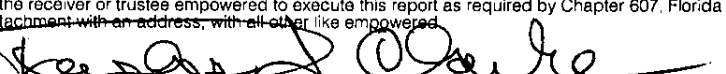


FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000078785		Secretary of State	
1. Entity Name D & T VENTURES INC.			
Principal Place of Business 748 S TAMiami TRAIL OSPNEY, FL 34229		Mailing Address PO BOX 67 OSPNEY, FL 34229	
DO NOT WRITE IN THIS SPACE			
		01172008 No Chg-P CR2E034 (11/05)	
		4. FE# Number 65-0945680	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARKE, DOUGLAS 2084 PREYMORE ST. OSPNEY, FL 34229		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DATE 05/05/08-80020-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
P CLARKE, DOUGLAS J 2084 PREYMORE ST OSPNEY, FL 34229			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
VPT CLARKE, TERESA M 2084 PREYMORE ST OSPNEY, FL 34229			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4-16-08 941-966-1251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	