2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 08:00 AN Secretary of State DOCUMENT # P99000101603 1. Entity Name DIGITAL EEL, INC. Mailing Address Principal Place of Business 201 42ND AVE 277 75TH AVE ST PETE BEACH, FL 33706 US ST PETE BEACH, FL 33706 US No Chg-P CR2E034 (11/05) 01172006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3610272 Not Applicat! \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUNSON, VERONICA DO NOT WRITE 201 42ND AVE ST PETE BEACH, FL 33706 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. ed agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Unnnn0405670 Trust Fund Contribution. П Added to Fees 02/07/06-80050-004 150.00 OFFICERS AND DIRECTORS 10, TITLE BRUNSON, VERONICA NAME 201 42ND AVE STREET ADDRESS CITY-ST-ZIP ST PETE BEACH, FL 33706 TITLE SCHWALB, STEVE NAME STREET ADDRESS 201 42ND AVE CITY - ST - ZIP ST PETE BEACH, FL 33706 TOTE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 direct 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 changed, or on an attachment with an adopess, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23/04

727-368-02

Daytime Phone #