2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$42298

Entity Name

DIGITAL TELECOMMUNICATIONS, INC.



FILED May 09, 2008 08:00 AN Secretary of State

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Principal Place of Business		Mailing Address	Mailing Address						
1801 ART MUSEUM DR STE 102		1801 ART MUSEUM DR STE 102							
104 JACKSONVILLE FL 32207		104 JACKSONVILLE FL 32207							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apl. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)					
City & State		City & State		4. FEi Number 59-3065489				Fied For	
Zıp	Country	Z;p	Count	ry	5. Certificat	e of Status Desired	\$8.75 Fee Re	5 Addi	tional
	6. Name and Address of Current		7. Name an	d Address of New Regist	tered Agent				
DAVIS, DARRYL E_				Name Street Address (P.C. Box Number is Not Acceptable)					
	4 DAVINCI AVE KSONVILLE FL 32210-840	2		of our reducts (1.00 East Hellinger 13 Hol Acceptable)					
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] 	City			FL Zip	Code	
8. The apove	named entity submits this statement is	or the purpose of changing its	s registere	d office or registe	ered agent, or b	oth, in the State of Florida	I am tamiliar	with, a	and accept
	ions of registered agent.								
SIGNATURE .									
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ı Çili Çili	ILE NOW!!! FEE IS \$150.00	Satistic of Aries						AF 6	
After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign F Trust Fund Contribut	<u></u>		May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICER	S AND DIREC	TORS	IN 11
THEE	ST	☐ Derete	TITLE				Cha	ange	Addition
NAME	DAVIS, DARRYL E		NAME	l		Hijaaaaaaaa	arman and a second		
	2120 CORPORATE SQUARE BLVI	D., SUITE 25	1	T ADDRESS		######################################	2–020 ±:	go r	10
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	DELUCA, TONY 2120 CORPORATE SQUARE BLVI	n SHITE 25	NAME	T ADDRESS					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of trustee among a with all others, like empowered.

1. Hereby certify that the information supplemental that the information indicated on this 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of th

SIGNATURE: