2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42298

Entity Name: DIGITAL TELECOMMUNICATIONS, INC.

FILED Apr 20, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1801 ART MUSEUM DR STE 102 1801 ART MUSEUM DR SUITE 104 104

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

1801 ART MUSEUM DR 1801 ART MUSEUM DR STE 102 SUITE 104

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

FEI Number: 59-3065489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, DARRYL E DAVIS, DARRYL E 1801 ART MUSEUM DR 4214 DAVINCI AVE

JACKSONVILLE, FL 322108402 US SUITE 104 JACKSONVILLE, FL 32207 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: 04/20/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: DAVIS, DARRYL E DAVIS, DARRYL E Name: Name:

2120 CORPORATE SQUARE BLVD., SUITE 25 1801 ART MUSEUM DR SUITE 104 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32207

Title: Title: (X) Change () Addition () Delete

DELUCA, ANTHONY Name: DELUCA, TONY Name:

2120 CORPORATE SQUARE BLVD., SUITE 25 Address: 1801 ART MUSEUM DR SUITE 104 Address: JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY J DELUCA **PRES** 04/20/2009