2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45420

FILED Mar 24, 2009 Secretary of State

Entity Name: DIGITAL ACCESSORIES CORPORATION

Surrent P	rincinal Plac	e of Business:	New Principal Place	of Rusiness
	-		itew i interpat i face	or Business.
2021 ART SUITE 100	MUSEUM DR)	RIVE		
IACKSON	IVILLE, FL 32	207		
Current M	lailing Addre	ss:	New Mailing Addres	ss:
	MUSEUM DR	RIVE		
SUITE 100 JACKSON) IVILLE, FL 32	207		
El Number	: 59-3132383	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	Z, JOYCE M			
	SCOE RD EDRA BEACH	I, FL 32082 US		
ONTE VI	EDRA BEACH	,	purpose of changing its registere	ed office or registered agent, or both
PONTE VI	EDRA BEACH named entity of Florida.	,	purpose of changing its registere	ed office or registered agent, or both
ONTE VI The above on the State	EDRA BEACH named entity of Florida. RE:	,		ed office or registered agent, or both Date
PONTE VI The above In the State	EDRA BEACH named entity of Florida. RE: Electro	submits this statement for the		
PONTE VITHE ABOVE THE STATE SIGNATUR Election Car	EDRA BEACH named entity of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
PONTE VI The above In the State SIGNATUI Clection Car DFFICER itle: lame: ddress:	EDRA BEACH a named entity of Florida. RE: Electro mpaign Financir S AND DIRECT BUCHHOLZ, J 61 NORTH RC	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete OYCE M	ent	Date
The above in the Status SIGNATUS SIGNAT	EDRA BEACH named entity of Florida. RE: Electro mpaign Financir S AND DIRECT PD (BUCHHOLZ, J 61 NORTH RC PONTE VEDR	submits this statement for the nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete OYCE M SCOE ROAD A BEACH, FL 32082) Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title:	Date BES TO OFFICERS AND DIRECTO
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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: LAURA BENSON ST 03/24/2009