

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011885

FILED
Apr 27, 2006
Secretary of State

Entity Name: DECKO DRIVE, INC.

Current Principal Place of Business:

7450 WILES RD
CORAL SPRINGS, FL 33067

New Principal Place of Business:

1309 S.E. 1ST STREET
POMPANO BEACH, FL 33060

Current Mailing Address:

7450 WILES RD
CORAL SPRINGS, FL 33067

New Mailing Address:

1309 S.E. 1ST STREET
POMPANO BEACH, FL 33060

FEI Number: 65-0984410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, PAMELA
10434 SAND DOLLAR PLACE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOEHM, LISA
Address: 1629 RIVERVIEW RD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VD () Delete
Name: CAMPBELL, PAMELA
Address: 10434 SAND DOLLAR PLACE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA CAMPBELL

VD

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date