


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P99000023452 1. Entity Name HAL-DEK PROPERTIES, INC.	
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Principal Place of Business 998 EXPLORER COVE SUITE 130 ALTAMONTE SPRINGS, FL 32715	Mailing Address P.O. BOX 151046 ALTAMONTE SPRINGS, FL 32715
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DO NOT WRITE IN THIS SPACE



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3635342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DECKER, HAROLD R 513 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32701	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000743890 05/15/07-20127-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECKER, HAROLD R PO BOX 151046 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DECKER, PEGGY D PO BOX 151046 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRONE, FRANK G 1445 SPAULDING ROAD WINTER SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-27-2007** **407-774-0660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #