


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 352787</b> 1. Entity Name <b>DEERFIELD 21 CORPORATION</b>	
---	---

Principal Place of Business <b>C/O CHASE ENTERPRISE, 225 ASYLUM ST., 29TH FLOOR GGODWIN SQ. HARTFORD, CT 06103 US</b>	Mailing Address <b>C/O CHASE ENTERPRISE, 225 ASYLUM ST., 29TH FLOOR GGODWIN SQ. HARTFORD, CT 06103 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1311294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD CHASE, CHERYL A GOODWIN SQ. 225 ASYLUM ST., 29TH FL HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, DAVID, T GOODWIN SQ. 225 ASYLUM ST., 29TH FL HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD CHASE, ARNOLD L. GOODWIN SQ. 225 ASYLUM ST., 29TH FL HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORCO, ERNEST A GOODWIN SQ. 225 ASYLUM ST., 29TH FL HARTFORD, CT 061031538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000732581  
05/09/07-80052-005 150.00

**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:** Cheryl A. Chase, Executive VP **April 26, 2007** **860-549-1674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #