

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90449 035 ***150.00

DOCUMENT # F02000002772					
1. Entity Name GOVDEALS, INC.					
Principal Place of Business 5913 CARMICHAEL PLACE MONTGOMERY, AL 36117			Mailing Address 5913 CARMICHAEL PLACE MONTGOMERY, AL 36117		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-1241096	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WATERS, GEORGE H 1805 FARM TRAIL SANIBEL, FL 33957			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CEO	NAME UNDERWOOD, MICHAEL K		<input type="checkbox"/> Delete	TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 519 SEMINOLE DRIVE	CITY-ST-ZIP MONTGOMERY, AL 36117		STREET ADDRESS 282 GILBERT DR	CITY-ST-ZIP LOWMEDES BORO, AL 36752	
TITLE PRES	NAME DEBARDELABEN, ROBERT L		<input type="checkbox"/> Delete	TITLE DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1127 DURDEN ROAD	CITY-ST-ZIP PRATTVILLE, AL 36067		STREET ADDRESS 4755 HARVEST WAY	CITY-ST-ZIP MONTGOMERY, AL 36106	
TITLE DIR	NAME WILKINSON, CHARLES		<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5913 CARMICHAEL PLACE	CITY-ST-ZIP MONTGOMERY, AL 36117		STREET ADDRESS CLARK, TOM A., JR.	CITY-ST-ZIP 5009 STILLWOOD DR	
TITLE DIR	NAME SIMONTON, FORREST		<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5913 CARMICHAEL PLACE	CITY-ST-ZIP MONTGOMERY, AL 36117		STREET ADDRESS KRANZUSCH, STEVEN C	CITY-ST-ZIP 1639 GILMER AVE	
TITLE SEC	NAME CROW, MICHAEL D		<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1823 LLANFAIR ROAD	CITY-ST-ZIP MONTGOMERY, AL 36106		STREET ADDRESS MONTGOMERY, AL 36104	CITY-ST-ZIP MONTGOMERY, AL 36104	
TITLE DIR	NAME GRAVLEY, ROGER D		<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5913 CARMICHAEL PLACE	CITY-ST-ZIP MONTGOMERY, AL 36117		STREET ADDRESS MONTGOMERY, AL 36104	CITY-ST-ZIP MONTGOMERY, AL 36104	
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: <i>Kari R. Brown</i> <i>Kari R. Brown, Treasurer</i> <i>4/24/07</i> <i>334-387-0457</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					