

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006669 1. Entity Name DEJA CONSULTING, INC.						FILED 07 OCT 16 AM 8:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 34972 BAY DRIVE CHAPTICO, MD 20621				Mailing Address PO BOX 121387 WEST MELBOURNE, FL 32912			
2. Principal Place of Business - No P.O. Box # 2004 Botanica Circle				3. Mailing Address P.O. Box 121387			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State W. Melbourne, FL				City & State W. Melbourne, FL			
Zip 32904		Country USA		Zip 32912		Country USA	
4. FEI Number 57-7566282				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 ARMSTRONG, DIANE E 2004 BOTANICAL CIRCLE WEST MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP CP ARMSTRONG, DIANE E PO BOX 121387 WEST MELBOURNE, FL 32912				TITLE NAME STREET ADDRESS CITY - ST - ZIP VP John Armstrong P.O. Box 121387 W. Melbourne, FL 32912			
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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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>Diane E. Armstrong</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10/11/07 Daytime Phone #: 321-768-1805			