2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 08:00 A Secretary of State

	71111071			•	- P	, -	
DOCUMENT # G81465 1. Entity Name DEERESOFT, INC.			Secretary of Sta				
Principal Place		Mailing Address					
7041 RODES PLACE 7041 RODES PLACE W. MELBOURNE, FL 32904 W. MELBOURNE, FL 32904							
W. MELDOOK	NE, IE JEJOT	II. INCEDIONAL, I C OCOO		(400/64 00	DI KENDA 118TA BIRDIS BINTA TALI	DIBIL BIRKI CIRI) RIB	(1 BIBLI SISTING) (1: 1981
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_	O NOT WRITE	^E	04062007	No Chg-P	CR2E034 (11/05)	
U	O NOT WRITE	UE	4. FEI Numb 59-238			Applied For Not Applicable	
						□ \$8.	75 Additional
		<u> </u>	T	5. Certificate	of Status Desired		Required
	6. Name and Address of Current Re	gistered Agent	†				
STEWART, JR., LAWRENCE C. 101 AVENUE C, S.W. WINTER HAVEN, FL. 33880				DO	NOT W	RITE	
				IN T	THIS SP	ACE	
				11.4		AOL	
			<u> </u>		45 - 45 - 60-0 - 47	alala di ana famal	in the second
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	ea onice or register	red agent, or bo	etn, in the State of Pic	noa, Tamamu	iar with, and accept
SIGNATURE							
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registers	d Agent signature required	d when reinstating)	F	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee Will be \$550.00	ncing \$5.	.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS			<u> </u>		
TITLE NAME	DP DEERE, ROY		ļ		Hon	00069714	.p
STREET ADDRESS	7041 RODES PLACE				04/18/	07-80028	2 8–018 150.00
CITY-ST-ZIP	WEST MELBOURNE, FL		_				
TITLE NAME	DS DEERE, BARBARA						
STREET ADDRESS	7041 RODES PLACE						
CITY-ST-ZIP	WEST MELBOURNE, FL		-				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE					THIS SF		
NAME				11/	i nio or	ACE	
STREET ADDRESS CITY-ST-ZIP							j
TITLE	 		1				ļ
NAME							
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TITLE			1				
NAME CONTEST ADDRESS							ĺ
STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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.

West N

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07

321-725-9179

Daytime Phone #