2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2007
Secretary of State

DOCUMENT# L05000025272

Entity Name: DEEFORE, LLC

Current Principal Place of Business:

200 MALAGA ST, STE 6
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1225 BLOSSOM TERR
BOILING SPRINGS, PA 17007

New Mailing Address:

P.O. BOX 706
CARLISLE, PA 17013

FEI Number: 20-2407591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLER, DWAYNE D
200 MALAGA ST, STE 6
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KELLER, DWAYNE D
Address: 1225 BLOSSOM TERR
City-St-Zip: BOILING SPRINGS, PA 17007

Title: MGRM ( ) Delete
Name: PARTIN, DONNA E
Address: 1225 BLOSSOM TERR
City-St-Zip: BOILING SPRINGS, PA 17007

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KELLER, DWAYNE D
Address: 8 STRATFORD LANE
City-St-Zip: MECHANICSBURG, PA 17050

Title: MGRM (X) Change ( ) Addition
Name: PARTIN, DONNA E
Address: 1225 BLOSSOM TERR
City-St-Zip: 8 STRATFORD LANE, PA 17050

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DWAYNE D. KELLER MGRM 07/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date