2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

C	DOCUMEN	T # N0500)0005490)
1.	Entity Name			
-		DECEADOLL	AND CHILO	

REVELATIONS, RESEARCH AND ENLIGHTENMENT GROUP, INC.

Principal Place of Business 1405 SAINT JOHNS AVENUE PALATKA, FL 32177

_ _ _ .

Mailing Address 1405 SAINT JOHNS AVENUE PALATKA, FL 32177

FILED May 05, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUTCHERSON, LAWRENCE 1405 SAINT JOHNS AVENUE PALATKA, FL 32177

05012008 No Chg-NP 4. FEI Number

86-1166800 5. Certificate of Status Desired

	Applied For
	Not Applicable

\$8.75 Additional

Fee Required

CR2E037 (4/06)

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.

Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees U0000009486822 06/02/08-80065-006 70.0 10. OFFICERS AND DIRECTORS BOONE, AUDREY BOONE, AUDREY Image: Contribution of the contr	SIGNATURE.	Signature, typed or printed name of registered agent and title if applic	able. (NOTE: Registered Agent signatur	e required when reinstating)	DATE	
ITTLE DP BOONE, AUDREY STREET ADDRESS TOD MEMORIAL PARKWAY GIT-ST-2P MALATKA, FL 32177 TTLE MWE STRET ADDRESS GIT-ST-2P TTLE MWE STRET ADDRESS GIT-ST-2P TTLE MWE STRET ADDRESS GIT-ST-2P TTLE MWE STRET ADDRESS GIT-ST-2P TTLE MWE STRET ADDRESS GIT-ST-2P					U00000948 06/02/08-800	582 55-006 70.00;
NWE BOONE, AUDREY STREET ADRESS 100 MEMORIAL PARKWAY PALATKA, FL 32177 TITLE NWE MGGRIFF, GARY STREET ADDRESS 500 MAGNOLIA STREET CITY-ST-2P PALATKA, FL 32177 TITLE NWE BELL, STEVEN J STRET ADDRESS P.O. BOX 2117 ITTLE NWE STRET ADDRESS P.O. BOX 2117 ITTEL NWE STRET ADDRESS P.O. BOX 2117 ITTE NWE STRET ADDRESS P.O. BOX 2117 ITTE NWE STRET ADDRESS P.O. BOX 2117 ITTEL NWE STRET ADDRESS CITY-ST-2P PALATKA, FL 32148 TTLE NWE STRET ADDRESS STRET ADRESS STRET ADDRESS	10.	OFFICERS AND DIRECTOR	S	13 ¹⁴ n 1		and a second second
NAME STREET ADDRESSMCGRIFF, GARY 500 MAGNOLIA STREET PALATKA, FL 32177ITRE INTE DST BELL, STEVEN J STREET ADDRESSDST BELL, STEVEN J P.O. BOX 2117 INTERLACHEN, FL 32148ITRE NAME STREET ADDRESS CITY-ST-DPDO NOT WRITE INTERLACHEN, FL 32148ITRE NAME STREET ADDRESS CITY-ST-DPINTERLACHEN, FL 32148	NAME Street address	BOONE, AUDREY 100 MEMORIAL PARKWAY				
NAME BELL, STEVEN J STRET ADDRESS P.O. BOX 2117 CITY-ST-ZP INTERLACHEN, FL 32148 NTLE INTERLACHEN, FL 32148 NAME STRET ADDRESS CITY-ST-ZP INTERLACHEN, FL 32148	NAME STREET ADDRESS	MCGRIFF, GARY 500 MAGNOLIA STREET			•	n * ·
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	BELL, STEVEN J P.O. BOX 2117		DO	NOT WRIT	E
NAME STREET ADDRESS CTY-ST-ZP TITLE NAME STREET ADDRESS	NAME STREET ADORESS			IN	THIS SPAC	E
NAME STREET ADDRESS	NAME STREET ADDRESS				,	
	NAME STREET ADDRESS			· · · · · · · · · · · ·		
12. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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 dim of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE OF PROTED NAME OF SIGNAL OFFICER OF OFFICER OFFICEROFFICER OFFI						