

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001168

Entity Name: DEPLOYMENT CELL, INC.

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

8406 MARINA BAY DR BLDG 847
MACDILL AFB, FL 33621

New Principal Place of Business:

Current Mailing Address:

8406 MARINA BAY DR BLDG 847
MACDILL AFB, FL 33621

New Mailing Address:

FEI Number: 41-2225614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARTER, JOHNNY H
8406 MARINA BAY DR BLDG 847
MACDILL AFB, FL 33621 US

Name and Address of New Registered Agent:

SLOAN, STEVEN S
8406 MARINA BAY DR BLDG 847
MACDILL AFB, FL 33621 US

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: STEVEN S. SLOAN

03/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, JOHNNY H
Address: 1187 RIVAGE CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: V () Delete
Name: OLIVERAS, GABRIEL
Address: 2105 W ELM ST
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: RICE, SIRIVIA
Address: 6301 S WESTSHORE BLVD APT 1504
City-St-Zip: TAMPA, FL 33616

Title: T () Delete
Name: HITCHENS, JOHN
Address: 6301 S WESTSHORE BLVD APT 415
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SLOAN, STEVEN S
Address: 6603 S MASCOTTE ST
City-St-Zip: TAMPA, FL 33616

Title: V (X) Change () Addition
Name: ELLIOT, KRISTOPHER
Address: 3913 W ROGERS AVE
City-St-Zip: TAMPA, FL 33611

Title: S (X) Change () Addition
Name: HAMMOND, LUKE
Address: 6401 S WESTSHORE BLVD APT 205
City-St-Zip: TAMPA, FL 33616

Title: T (X) Change () Addition
Name: HITCHENS, JOHN J
Address: 6301 S WESTSHORE BLVD APT 415
City-St-Zip: TAMPA, FL 33616

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J HITCHENS

T

03/25/2008

Electronic Signature of Signing Officer or Director

Date