2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001172

Entity Name: DEPORRES P.L.A.C.E., INC.

FILED Feb 16, 2009 Secretary of State

| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
|---|---|--|---|--|--|--|
| | TH STREET BEACH, FL 334 | 404 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| | TH STREET BEACH, FL 334 | 404 | | | | |
| FEI Number: | 65-0747575 | FEI Number Applied For () | FEI Number Not Appli | licable () Certificate of Status Desired (X) | | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address of New Registered Agent: | | |
| 350 CAMIN STE 301 BOCA RA | A, CARA ESQ NO GARDENS TON, FL 3343 | BLVD 2 US | | | | |
| | named entity s e of Florida. | submits this statement for the p | urpose of changing it | ts registered office or registered agent, or both, | | |
| SIGNATUR | RE: | | | | | |
| | Electron | ic Signature of Registered Age | nt | Date | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | MARTIN, VINCE 103 STARLING | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | CRANE, JEAN 1011 GREEN P | Delete INE BLVD APT C2 EACH, FL 33469 | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | EXWORTHY, N 810 N OLIVE A | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | HERTZ, PATRIC 123 BROOKHA | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | VEVERKA, MAF 4379 WILLOW | Delete YY POND ROAD #C EACH, FL 33417 | Title: Name: Address: City-St-Zip: | VPD (X) Change () Addition BENNETT, SUSAN 111 ABDALUSIA WAT PALM BEACH GARDENS, FL 33411 | | |
| Title: Name: | TD () ZAMBERLETTI, | | Title: Name: | () Change () Addition | | |

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.

City-St-Zip:

SIGNATURE: MARGARET A. EXWORTHY D 02/16/2009

City-St-Zip: PALM BEACH GARDENS, FL 33418