

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000047160

1. Entity Name
E-DEAI INC.



Principal Place of Business
6007 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

Mailing Address
6007 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1085561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETHERIDGE, BRIAN N
6007N TROPICAL TRAIL
MERRITT ISLAND, FL 32953

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COBP
NAME	ETHERIDGE, DIANA C
STREET ADDRESS	6007 N. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	VPD
NAME	ETHERIDGE, BRIAN N
STREET ADDRESS	6007 N. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	ETHERIDGE, JULIANA L
STREET ADDRESS	601 HIGH STREET
CITY-ST-ZIP	DENVER, CO 80218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000577487
01/08/07-80017-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

B. Etheridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07
Date

(321) 453-8265
Daytime Phone #