

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099797

Entity Name: DEALERUPS, INC.

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

4185 WEST LAKE MARY BOULEVARD
UNIT 204
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

C/O DAVID ZINN, 2514 HOLLYWOOD BLVD
SUITE # 508
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-3678230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, THEODORE
4185 WEST LAKE MARY BOULEVARD UNIT 204
LAKE MARY, FL 32746 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RUBIN, THEODORE
Address: 4185 WEST LAKE MARY BOULEVARD UNIT 204
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: LAMPERT, DAVID
Address: 4185 WEST LAKE MARY BLVD UNIT 204
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE RUBIN

PSTD

02/16/2005

Electronic Signature of Signing Officer or Director

Date