


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90379 038 ***150.00

DOCUMENT # P00000099797	
1. Entity Name DEALERUPS, INC.	

Principal Place of Business 4185 WEST LAKE MARY BOULEVARD UNIT 204 LAKE MARY, FL 32746	Mailing Address C/O DAVID ZINN, 2514 HOLLYWOOD BLVD SUITE # 508 HOLLYWOOD, FL 33020
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4185 WEST LAKE MARY BLVD Suite, Apt. #, etc. UNIT # 204
City & State Zip	City & State LAKE MARY, FL Zip 32746

40051337



02082006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3678230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, THEODORE 4185 WEST LAKE MARY BOULEVARD UNIT 204 LAKE MARY, FL 32746	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUBIN, THEODORE 4185 WEST LAKE MARY BOULEVARD UNIT 204 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMPERT, DAVID 4185 WEST LAKE MARY BLVD UNIT 204 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #