FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90085 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70026866

DOCUMENT # P02000022709

1. Entity Name
D & E INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4213 SUMMIT CREEK BLVD., #7203 ORLANDO, FL 32837	4213 SUMMIT CREEK BLVD., #7203 ORLANDO, FL 32837

2. Principal Place of Business		3. Mailing Address	
9753 S. ORANGE BLOSSOM TRL.		9753 S. ORANGE BLOSSOM	
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210	
City & State ORLANDO, FL 32837		City & State ORLANDO, FL	
Zip 32837	Country ORANGE	Zip 32837	Country ORANGE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 16-1615737 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA CRUZ, ELIZABETH A 4213 SUMMIT CREEK BLVD., #7203 ORLANDO, FL 32837	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 X [signature] 03/03/03
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, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA CRUZ, ELIZABETH A 4213 SUMMIT CREEK BLVD., #7203 ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X [signature] 03/03/03 (407)856-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #