

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90013 022 ***158.75

DOCUMENT # P02000082561 1. Entity Name DEEPARTI, INC.	
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Principal Place of Business 901 A1A BCH BLVD ST AUGUSTINE, FL 32080	Mailing Address 901 A1A BCH BLVD ST AUGUSTINE, FL 32080
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02102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3706136	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**RAJYAGURU, DIPAK B
901 A1A BCH BLVD
ST AUGUSTINE, FL 32080**

**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 fee if applicable. (NOTE: Registered Agent signature required when renewing.) DATE _____

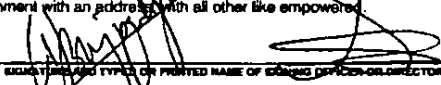
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO RAJYAGURU, DIPAK B 901 A1A BCH BLVD ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RAJYAGURU, D 901 A1A BCH BLVD ST AUGUSTINE, FL 32080
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  **4/13/07 9044717474**
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR Date Daytime Phone #