2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# P02000099989

Entity Name: DEOL GROUP INC.

Current Principal Place of Business:

22291 SANDS POINT DR.
BOCA RATON, FL 334336267

New Principal Place of Business:

22291 SANDS POINT DR.
BOCA RATON, FL 33433 US

Current Mailing Address:

22291 SANDS POINT DR.
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 42-1550200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEOL, SUKHMINDER
22291 SANDS POINT DR.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

DEOL, SUKHMINDER MGRM
22291 SANDS POINT DR.
BOCA RATON, FL 33433 US

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: SDEOL 06/23/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MR. ( ) Delete
Name: DEOL, SUKHMINDER
Address: 22291 SANDS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MRS. (X) Delete
Name: DEOL, DARSHAN
Address: 22291 SANDS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MS (X) Delete
Name: DEOL, KIRAN
Address: 22291 SANDS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MR (X) Delete
Name: DEOL, RAJ
Address: 22291 SANDS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MR (X) Delete
Name: DEOL, AMAR
Address: 22291 SANDS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

Title: MRS (X) Delete
Name: DEOL, GURBAX
Address: 22291 SANDS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change ( ) Addition
Name: DEOL, SUKHMINDER MGRM
Address: 22291 SANDS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

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

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

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

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 exemption stated 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 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: SDEOL MGRM 06/23/2009
Electronic Signature of Signing Officer or Director Date