
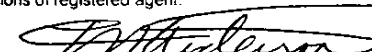
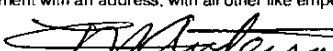


FILED
May 02, 2006 8:00 am
Secretary of State

DOCUMENT # P03000032096		
1. Entity Name DEEP ROOTS CORPORATION		
Principal Place of Business 36934 BEAR TRACKS RD EUSTIS, FL 32736		Mailing Address 36934 BEAR TRACKS RD EUSTIS, FL 32736
2. Principal Place of Business 14545 Jamaica Dogwood Dr.		3. Mailing Address 14545 Jamaica Dogwood Dr.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Orlando, FL		City & State Orlando, FL
Zip 32828	Country Orange	Zip 32828
Country Orange		
6. Name and Address of Current Registered Agent		
ANDERSON, CLARISSA M 36934 BEAR TRACKS RD EUSTIS, FL 32736		Name ANDERSON
		Street Address 14545
		City Orlando
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required)</small>
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 Ad
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ANDERSON, CLARISSA M 36934 BEAR TRACKS RD EUSTIS, FL 32736 <input type="checkbox"/> Delete	11.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 606, F.S., if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		