2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State
04-30-2004 90263 027 ***150.00

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1. Entity Name
DEKIRE INCORPORATED (INC.)

Principal Place of Business
PO BOX 682376
ORLANDO, FL 32818-9998

Mailing Address
PO BOX 682376
ORLANDO, FL 32818-9998

66426548

02062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O Box 682376	P.O Box 682376
Suite, Apt. #, etc. ~~Orlando, FL~~	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State: Orlando, Fl
Zip: 32868-9998 Country: U.S.A	Zip: 32868-9998 Country:

4. FEI Number 20-0032702 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, ~~LAMAR~~ LeMAR
3355 LAKE TINY CIRCLE
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name: LeMar X. Lewis
Street Address (P.O. Box Number is Not Acceptable): 723 Sherwood Terrace Dr. Apt 310
City: Orlando FL Zip Code 32818

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: LeMar X. Lewis — 4/24/04
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, 2004 Fee will be $550.00

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	Founder / C.E.O ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LeMar Lewis	NAME	
STREET ADDRESS	723 Sherwood Terrace Dr. Apt 310	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32818	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: LeMar X. Lewis — 4/24/04 — 321-278-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #