2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053603

Entity Name: DEAD FLEAS INC

FILED Mar 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2421 ENTERPRISE RD. 1616 OLD DAYTONA ST ORANGE CITY, FL 32763 DELAND, FL 32724

Current Mailing Address: New Mailing Address:

2421 ENTERPRISE RD. 1616 OLD DAYTONA ST ORANGE CITY, FL 32763 DELAND, FL 32724

FEI Number: 65-1187165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GODWIN, WAYNE

2421 ENTERPRISE RD.

ORANGE CITY, FL 32763 US

GODWIN, WAYNE

1925 E PLYMOUTH AVE

DELALND, FL 32724 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: WAYNE W GODWIN 03/14/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 GODWIN, WAYNE
 Name:
 GODWIN, WAYNE

 Address:
 2421 ENTERPRISE RD.
 Address:
 1925 E PLYMOUTH AVE

 Address:
 2421 ENTERPRISE RD.
 Address:
 1925 E PLYMOUTH AVE

 City-St-Zip:
 ORANGE CITY, FL 32763
 City-St-Zip:
 DELAND, FL 32724

Title: S () Delete Title: S (X) Change () Addition Name: GODWIN, WAYNE S (ODWIN, WAYNE

 Name:
 GODWIN, WAYNE
 Name:
 GODWIN, WAYNE

 Address:
 2421 ENTERPRISE RD.
 Address:
 1925 E PLYMOUTH AVE

 City-St-Zip:
 ORANGE CITY, FL 32763
 City-St-Zip:
 DELAND, FL 32724

Title: T () Delete Title: T (X) Change () Addition

 Name:
 GODWIN, WÂYNE
 Name:
 GODWIN, WÂYNE

 Address:
 2421 ENTERPRISE RD.
 Address:
 1925 E PLYMOUTH AVE

 City-St-Zip:
 ORANGE CITY, FL 32763
 City-St-Zip:
 DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE GODWIN P 03/14/2007