

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053603

Entity Name: DEAD FLEAS INC

FILED
Feb 04, 2008
Secretary of State

Current Principal Place of Business:

1616 OLD DAYTONA ST
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1616 OLD DAYTONA ST
DELAND, FL 32724

New Mailing Address:

FEI Number: 65-1187165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODWIN, WAYNE
1925 E PLYMOUTH AVE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

GODWIN, WAYNE
2148 VILLA WAY
NEW SMYRNA BEACH, FL 327169 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:

02/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GODWIN, WAYNE
Address: 1925 E PLYMOUTH AVE
City-St-Zip: DELAND, FL 32724

Title: S () Delete
Name: GODWIN, WAYNE
Address: 1925 E PLYMOUTH AVE
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: GODWIN, WAYNE
Address: 1925 E PLYMOUTH AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GODWIN, WAYNE
Address: 2148 VILLA WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S (X) Change () Addition
Name: GODWIN, WAYNE
Address: 2148 VILLA WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T (X) Change () Addition
Name: LEIGHTON, RUSSELL
Address: 848 NAVEL ORANGE DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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: WAYNE GODWIN

P

02/04/2008

Electronic Signature of Signing Officer or Director

Date