


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000103952</b> 1. Entity Name <b>DEHN, INC.</b>	
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Principal Place of Business <b>106 S.W. PEACOCK BLVD. #207 PORT ST. LUCIE, FL 34986</b>	Mailing Address <b>106 S.W. PEACOCK BLVD. #207 PORT ST. LUCIE, FL 34986</b>
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01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0261414</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**STANFORD, DOUGLAS G  
50 NORTH LAURA STREET  
SUITE 2600  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WEISSFLOG, MICHAEL 106 S.W. PEACOCK BLVD. #207 PORT ST. LUCIE, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T THIEL, HANS 106 S.W. PEACOCK BLVD. #207 PORT ST. LUCIE, FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KRAUS, HANS-MICHAEL 1230 PEACHTREE ST. NE SUITE 3100 ATLANTA, GA 30309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/08-80086-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael Weissflog*  
**1/24/2008 772 340 2806**