2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110994

Entity Name: DEVIOUS DEEDS IND., INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1151 PARK DRIVE CASSELBERRY, FL 32707 **Current Mailing Address: New Mailing Address:** 1151 PARK DRIVE CASSELBERRY, FL 32707 FEI Number: 54-2129684 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: DORROUGH, DAX DORROUGH, DAX D 1151 PARK DRIVE 1151 PARK DRIVE CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 US 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: DAX DORROUGH 04/21/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DORROUGH, DAX DORROUGH, DAX D OWNER Name: Name: 1151 PARK DR. 1151 PARK DR. Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707 () Delete Title: () Change (X) Addition Title: 1151 DORROUGH, DAX D OWNER Name: Name: 1151 PARK DR Address: Address: CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip: Title: Title: () Delete 1151 () Change (X) Addition DORROUGH, DAX D OWNER Name: Name: 1151 PARK DR Address Address: City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707 Title: () Delete Title: 1151 () Change (X) Addition DORROUGH, DAX D OWNER Name: Name: Address: Address: 1151 PARK DR City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707 Title: Title: () Change (X) Addition () Delete DORROUGH, DAX D OWNER Name: Name: Address: Address: 1151 PARK DR CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip: Title: () Delete Title: 1151 () Change (X) Addition DORROUGH, DAX D OWNER Name: Name: 1151 PARK DR Address: Address: City-St-Zip: City-St-Zip: CASSELBERRY, FL 32707

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.

	Flacture is Oissature of Oissature Office and Disease		D-4-
SIGNATURE:	DAX DORROUGH	Р	04/21/2009