2008 FOR PROFIT CORPORATION

Apr 14, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P03000125316** 1. Entity Name EDWARD V. DEUBEL, INC. Principal Place of Business Mailing Address 656 2ND LN 656 2ND LN VERO BCH, FL 32962 VERO BCH, FL 32962 No Chg-P CR2E034 (11/05) 02222008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0380751 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLINS, GEORGE G JR. DO NOT WRITE 756 BEACHLAND BLVD **VERO BCH, FL 32963** 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME DEUBEL, EDWARD V STREET ADDRESS 656 2ND LN VERO BCH, FL 32962 CITY-ST-ZIP TITLE DV DEUBEL, JOSH NAME STREET ADDRESS 656 2ND LN VERO BCH, FL 32962 CITY-ST-ZIP DS TITLE DEUBEL, LINDA C NAME STREET ADDRESS 656 2ND LN DO NOT WRITE CITY-ST-ZIP VERO BCH, FL 32962 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 trusted appropriate and that my name appears in Block 10 or Block 11 my signature shall have the same legal effect as if made under oath; that I am an officer or director to see the same legal effect as if made under oath; that I am an officer or director to see that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED