

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049275

FILED
Mar 17, 2007
Secretary of State

Entity Name: DEKSCAPE INC.

Current Principal Place of Business:

2113 NE 23RD PLACE
CAPE CORAL, FL 33909

New Principal Place of Business:

4008 WHOLESALE COURT
NORTH FT. MYERS, FL 33917

Current Mailing Address:

P.O. BOX 150084
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-0958651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOWLER, JASON M
2113 NE 23RD PLACE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

FOWLER, JASON M
4008 WHOLESALE COURT
NORTH FT. MYERS, FL 33917 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: JASON M. FOWLER

03/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FOWLER, JASON M
Address: 2113 NE 23RD PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: VP () Delete
Name: FOWLER, JASON M
Address: 2113 NE 23RD PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: SEC () Delete
Name: NACHBRUNN, FRED C
Address: 1031 CAPE CORAL PKWY.
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FOWLER, JASON M
Address: 4008 WHOLESALE COURT
City-St-Zip: NORTH FT MYERS, FL 33917

Title: P (X) Change () Addition
Name: FOWLER, JASON M
Address: 4008 WHOLESALE COURT
City-St-Zip: NORTH FT MYERS, FL 33917

Title: S (X) Change () Addition
Name: FOWLER, JASON M
Address: 4008 WHOLESALE COURT
City-St-Zip: NORTH FT MYERS, FL 33917

Title: T () Change (X) Addition
Name: FOWLER, JASON M
Address: 4008 WHOLESALE COURT
City-St-Zip: NORTH FT MYERS, FL 33917

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: JASON M. FOWLER

PRES

03/17/2007

Electronic Signature of Signing Officer or Director

Date