

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90163 037 ***150.00

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04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000129888			
1. Entity Name DEAL US IN, INC.			
Principal Place of Business 102 BRIGADOON DR CLEARWATER, FL 33759		Mailing Address 102 BRIGADOON DR CLEARWATER, FL 33759	
2. Principal Place of Business 31177 US Highway 19N Suite, Apt. #, etc. #602		3. Mailing Address 8136 82nd Ave N Suite, Apt. #, etc.	
City & State Palm Harbor Florida		City & State Seminole, Florida	
Zip 34684	Country USA	Zip 33777	Country USA
6. Name and Address of Current Registered Agent DEWOLF, RENEE 102 BRIGADOON DR CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name ETTA S. McCadden Street Address (P.O. Box Number is Not Acceptable) 8136 82nd Ave N City Seminole FL Zip Code 33777	
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 <i>ETTA S. McCadden</i> DATE <i>4/29/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ETTA S. McCadden 8136 82nd Ave N Seminole, Florida 33777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>ETTA S. McCadden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4/29/05</i> 727-394-0222 <small>Date Daytime Phone #</small>	