2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 AM **DOCUMENT # P04000156188 Secretary of State** 1. Entity Name VIDEODEP, INC. Principal Place of Business Mailing Address 5928 SEASHELL TERR. 5928 SEASHELL TERR. BOYNTON BCH, FL 33437 BOYNTON BCH, FL 33437 No Chg-P CR2E034 (11/05) 03042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3800557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROVNER, ELAYNE 5928 SEASHELL TERR. BOYNTON BCH, FL 33437 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS TITLE ROVNER, ELAYNE NAME STREET ADDRESS 5928 SEASHELL TERR. CITY-ST-ZIP BOYNTON BCH, FL 33437 TITLE U00000662831 NAME 03/21/07-80028-011 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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:

STREET ADDRESS CITY+ST+ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07

561-733-8965

FILED