2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 12, 2007 08:00 A Secretary of State **DOCUMENT # P04000172102** 1. Entity Name DEKAN, INC. Principal Place of Business Mailing Address 8806 STATE ROAD 52 2329 DEKAN LANE LAND O'LAKES, FL 34639 HUDSON, FL 34667 No Chg-P CR2E034 (11/05) 04102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2204963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCKAY, PAUL E. 2329 DEKAN LANE LAND O'LAKES, FL 34639 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MCKAY, PAUL E NAME 2329 DEKAN LANE STREET ADDRESS LAND O'LAKES, FL 34639 CITY-ST-ZIP TITLE NAME MCKAY, RUTH S STREET ADDRESS 2329 DEKAN LANE LAND O'LAKES, FL 34639 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS

PAUL E.

FILED