

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90029 019 \*\*\*150.00

<b>DOCUMENT # P05000081462</b> 1. Entity Name <b>DEEP VENTURES, INC.</b>					
Principal Place of Business <b>6428 WAVERLY GREEN WAY NAPLES, FL 34110 US</b>			Mailing Address <b>6428 WAVERLY GREEN WAY NAPLES, FL 34110 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1415 Panther Lane</b>		3. Mailing Address <b>1415 Panther Lane</b>		 01142008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>Suite 340</b>		Suite, Apt. #, etc. <b>Suite 340</b>			
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>			
Zip <b>34109</b>		Zip <b>34109</b>			
4. FEI Number <b>20-2970031</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>BOATMAN, JAMES A JR. 6428 WAVERLY GREEN WAY NAPLES, FL 34110</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1415 Panther Lane</b> <b>Suite 340</b> City <b>Naples</b> FL    Zip Code <b>34109</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	DPST BOATMAN, JAMES A JR. 6428 WAVERLY GREEN WAY NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEIDENMILLER, CASEY K 3059 ESTEY AVENUE, #105 NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					