2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIR

May 01, 2006 8:00 am Secretary of State DOCUMENT # P05000095899 1. Entity Name 05-01-2006 90443 004 ***155.00 DEKONTEE INTERNATIONAL INC Principal Place of Business Mailing Address 12328 SW 144 TERRACE MIAMI FL 33186 12328 SW 144 TERRACE MIAMI FL 33186 3 Principal Place of Business 3 \$ 12 \$, \omega \, \overline{07} 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAMAKLO, PRINCE 12328 SW 144 TERRACE MIAMI FL 33186 Zip Code FL 8. The above named entity submits this state changing it registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. /(-0 (NOTE Registered Agent signature required when rainslating FILE NOW!!! FEE IS \$150.00. \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete ☐ Addition TAMAKLO, PRINCE NAME NAME 12328 SW 144 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE Delete TITLE Addition TAMAKLO, DEKONTEE NAME NAME STREET ADDRESS 12328 SW 144 TERRACE STREET ADDRESS CITY-ST-7IP MIAMI FL 33186 CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attaching with an address, with an address, with an address.

FILED