2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P05000102576** 02-13-2006 90019 030 ***158.75 1. Entity Name DEFYANT, INC. Principal Place of Business Mailing Address 3566 U.S. 27 SOUTH 3566 U.S. 27 SOUTH SEBRING, FL 33870 SEBRING, FL 33870 2. Principal Place of Business 3. Mailing Address 3566 US 275 <u>3566</u> US 27 S Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For COVINC 20-3/877/7 Jebrins Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33870 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAYEY BLAYER, SHAUN Street Address (P.O. Box Number is Not Acceptable) 3566 U.S. 27 SOUTH SEBRING, FL 33870 3566 US 275 City Sebring 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. SIGNATURÈ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. President TITLE Delete Change ■ Addition Judith BLAYEL 3566 US 278 BLAYER, SHAUN NAME MALEF STREET ADDRESS 3566 U.S. 27 SOUTH STREET ADDRESS sebring, Pl 33870 CITY-ST-ZIP SEBRING, FL 33870 AS OF 8/1/05 CITY-ST-ZIP TITLE ☐ Addition TITLE Change Judith Blayer 3546 45 275 BLAYER, JUDITH NAME NAME STREET ADDRESS 3566 U.S. 27 SOUTH STREET ADDRESS sebring, Pl 33F70 CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition Judith BLAGEL 3546 45 27 Scoring, Al 33870 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEASURE ☐ Delete TITLE TITLE Change ☐ Addition Judith Blayer 3566 US 375 STREET ADDRESS STREET ADDRESS Sebring, F1 3387 0 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empower with an address, with all other like empowered.

FILED

Feb 13, 2006 8:00 am