

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90095 047 ***150.00

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000060483 1. Entity Name DEALFINDERS INVESTOR NETWORK, INC.																													
Principal Place of Business C/O THE TAXXPERS INC. 15951 N FLORIDA AVENUE LUTZ, FL 33549			Mailing Address C/O THE TAXXPERS INC. 15951 N FLORIDA AVENUE LUTZ, FL 33549																										
2. Principal Place of Business - No P.O. Box # 10410 NIGHTENGAL DR		3. Mailing Address ← Same																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State RIVERVIEW FL		City & State 		4. FEI Number 61-1501731																									
Zip 33569		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent STAFFORD, S.L. C/O THE TAXXPERS INC. 15951 N FLORIDA AVENUE LUTZ, FL 33549				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1515 DALE HARRY HWY SUITE 102 City LUTZ FL Zip Code 33548																									
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: DATE: 1-8-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PULLMAN, LARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10410 NIGHTENGAL DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>RIVERVIEW, FL 33569</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	PULLMAN, LARRY		STREET ADDRESS	10410 NIGHTENGAL DRIVE		CITY - ST - ZIP	RIVERVIEW, FL 33569		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: DATE: 16 JAN 07 DAYTIME PHONE: 813-841-8452 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													