2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000107608

1. Entity Name
DEITY ENTERPRISES, INCORPORATED



FILED Sep 04, 2007 8:00 am Secretary of State 09-04-2007 90040 045 ***150.00

Principal Place	of Business	Mailing Address								
4460 HODGE JACKSONVILL	S BOULEVARD 1923 E, FL 32224 US	4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224 US								
					L INSTITUTE IN I		01 17871 881N 18 2 1	A BINTA MOTOLI INT	1880 II 1880	
532 6	pabal Lake Drive	3. Mailing Address 532 Saba	Lake	Driv						
Suite, Apt. 102	#, etc.	Suite, Apt. #, etc.			08222007	Chg-P	CR2E03	4 (12/06)		
City & State	1 1 1	City & State	E)		4. FEI Numbe	2060	2 3		plied For	
HONGW Zip	Country	Longwood,	Country.		_xv2	21416	_ (8.75 Add	t Applicable	
<u> 3277</u>	9 USA 1		Country USA		5. Certificate of	of Status Desired		ee Required		
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New R	legistered A	gent		
LAVENDE	. WIE		Name						ŀ	
LAVENDER, KYLE 873 WESTBAY DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)						
105 LARGO, FI	22770									
DANGO, FI	_ 33770		City					Zip Code	e .	
9 The shows	nomed antiby a live to the same at the state of the state					L 1. 4. Oct. 1751	FL	<u> </u>		
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	trile if applicable. (NOTE: Re	egistered Agent signat	ure required	when reinstating)		DATE			
			*							
	.E NOW!!! FEE IS \$150.00	Election Campaign Trust Fund Contribut			.00 May Be ed to Fees	In accordance v	with s. 607.	193(2)(b),	F.S., the	
,	e by September 14, 2007	Trast i una Commun	ulion.	Add	edibrees	corporation dio	not receive	ule prior i	iouce.	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
IIITE .	P,D	Delete	TRILE	产。	PLD.	Thin 1 1st		Change	☐ Addition	
NAME	FIELDS, REGINA		NAME	1_K	Lynn	Fields Lake Dr	onva 1	02		
STREET ADDRESS City-St-Zip	4460 HODGES BOULEVARD 1923 JACKSONVILLE, FL 32224		STREET ADDRESS CITY-ST-ZIP	i)		E 33	779			
IITLE	VP,D	□ Delete	TITLE	1/1	ng wood,	16 02	7 / /	Change	Addition	
NAME	FIELDS, LUCILLE	□ Delae	NAME	Lu	cille F	1elds		LL≱ change	Addition	
STREET ADDRESS	4460 HODGES BOULEVARD 1923		STREET ADDRESS		Sabal	Lake Dr	ive /	02	1	
CATY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	1.5	y wood	li FL 3	3277	9,		
IIITE	SE,D	☐ Delete	TITLE	SE	J B 1	b. c = = =		Change	☐ Addition	
NAME	HARPER, TANYA		NAME		anya 17		N			
STREET ADDRESS	4460 HODGES BOULEVARD 1923	i	STREET ADDRESS	l		gal Lake	こりかり		L_	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	1-0	ng wocc	4,+L3	2/19			
title Name	TR,D FIELDS, HENRY	☐ Delete	TITLE NAME	1 Z.	STA F	Ticlds.		Change	☐ Addition	
STREET ADDRESS	4460 HODGES BOULEVARD 1923		STREET ADDRESS	175	32 Sá		че Di	rive	100	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CATY-ST-ZIP	120		J FL	37.77	79,	, , ,	
TITLE	ME,D	☐ Delete	TITLE	М	210			Change	Addition	
NAME	SAMUELS, HARLON		NAME	Ita		annels	X. .		_	
STREET ADDRESS	4460 HODGES BOULEVARD 1923		STREET ADDRESS	1,5		oa) Lake		vc / 0	. 5	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	1_C	ng w coc	4, FL 5	27	9/		
TITLE	ME,D	☐ Delete	TITLE	1 45	Wall ST	muels	\Box	Change	☐ Addition	
NAME Street address	SAMUELS III, HAROLD 4460 HODGES BOULEVARD 1923	1	NAME STREET ADDRESS	5	32 Sal	ONLIAL	, - D	۲۱٬۷۲	100	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	1_0	nando		$\frac{1}{2}$	79	102	
12. I hereby o	certify that the information supplied with th	nis filing does not qualify for the	he exemptions i	container	l in Chapter 119	Horida Statutes	further certi	<i>I </i> fv that the in	nformation	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my	signature shall I	nave the	same legal effec	t as if made under	oath; that I a	m an officer	or director	
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 of 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.										

SIG	M	ЛΤІ	ID	₾.