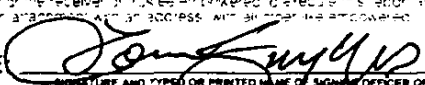


FILED
Mar 30, 2007 8:00 am
Secretary of State

03-16-2007 90026 014 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000147376			
1. Entity Name DECKO DECKS INC.			
Principal Place of Business 7504 SW 39TH STREET DAVIE, FL 33314		Mailing Address 7504 SW 39TH STREET DAVIE, FL 33314	
2. Principal Place of Business - If Not P.O. Box #		3. Mailing Address	
Suite Apt. # etc.		Suite Apt. # etc.	
City & State		City & State	
Zip	County	Zip	County
4. FE Number 13-4349402		Applied For Not Applicable	
5. Certificate in Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, THOMAS S 7504 SW 39TH STREET DAVIE, FL 33314		7. Name and Address of New Registered Agent	
Name		Name	
Street Address - P.O. Box Number is Not Acceptable		Street Address - P.O. Box Number is Not Acceptable	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____			
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY & STATE	P SNYDER, THOMAS S 7504 SW 39TH STREET DAVIE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY & STATE	☐ Delete	TITLE NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY & STATE	☐ Delete	TITLE NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY & STATE	☐ Delete	TITLE NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY & STATE	☐ Delete	TITLE NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY & STATE	☐ Delete	TITLE NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 193, Florida Statutes. I further certify that the information indicated on this report or supplementary report is true and accurate and that I agree to pay the same fee as set forth in the statute. I am an officer or director of the corporation or the registered agent empowered to execute this report and I am not a director or officer of the corporation or the registered agent who has been removed from office. Chapter 193, Florida Statutes, and I have appeared before the Secretary of State and have been sworn to the truth of the foregoing.			
SIGNATURE 		TOM SNYDER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			