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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	Mailing Address
7504 SW 39TH STREET DAVIE, FL 33314	7504 SW 39TH STREET DAVIE, FL 33314

02072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number: 13-4349402 — Applied For / Not Applicable

5. Certificate of 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
Street Address (P.O. Box Number is Not Acceptable)
City — FL — 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

TITLE	P	☐ Delete
NAME	SNYDER, THOMAS S	
STREET ADDRESS	7504 SW 39TH STREET	
CITY-ST-ZIP	DAVIE, FL 33314	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 [signature] TOM SNYDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR