



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90106 003 ***150.00

DOCUMENT # P07000004415 1. Entity Name PINELLAS DEALS, INC.					
Principal Place of Business 4713 25TH AVENUE S ST. PETERSBURG, FL 33711			Mailing Address 4713 25TH AVENUE S ST. PETERSBURG, FL 33711		
2. Principal Place of Business - No P.O. Box # 2321 49th Street S. Suite, Apt. #, etc. Ste. #A City & State Gulfport FL Zip 33707		3. Mailing Address 2321 49th Street S. Suite, Apt. #, etc. Ste. #A City & State Gulfport FL Zip 33707			
4. FEI Number 20 8207019		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ELLIS, ELIZABETH 4713 25TH AVENUE S ST. PETERSBURG, FL 33711			7. Name and Address of New Registered Agent Name Ellis, Elizabeth Street Address (P.O. Box Number is Not Acceptable) 2321 49th Street Ste. #A City Gulfport FL Zip Code 33707		
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: <u>Elizabeth Ellis</u> Elizabeth Ellis P <u>5/03/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D ELLIS, ELIZABETH 4713 25TH AVENUE S ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ellis, Elizabeth 2321 49th Street S. Ste. #A Gulfport, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLIKEN, CAMELA 4713 25TH AVENUE S ST. PETERSBURG, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Milliken, Camela 2321 49th Street S. Ste. #A Gulfport, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Elizabeth Ellis</u> Elizabeth Ellis			<u>5/03/08</u> 727-678-4050 <small>Date Daytime Phone #</small>		