


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-16-2008 90046 002 ***150.00

DOCUMENT # P07000070203																											
1. Entity Name DENEL, INC.																											
Principal Place of Business 2355 NE OCEAN BLVD 11A STUART, FL 34996		Mailing Address 2355 NE OCEAN BLVD 11A STUART, FL 34996																									
2. Principal Place of Business - No P.O. Box # 361 QUEBEC COURT Suite, Apt. #, etc.		3. Mailing Address 361 QUEBEC COURT Suite, Apt. #, etc.																									
City & State - ROYAL PALM BEACH, FL Zip 33411		City & State ROYAL PALM BEACH, FL Zip 33411																									
4. FEI Number 26-0367714		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TRETHERWAY, DENNIS 2355 NE OCEAN BLVD 11A STUART, FL 34996																											
7. Name and Address of New Registered Agent Name RICHARD-AUSTER Street Address (P.O. Box Number is Not Acceptable) 361 QUEBEC COURT City ROYAL PALM BEACH FL Zip Code 33411																											
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 <i>[Signature]</i> 1-11-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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:50%; padding: 2px;"> TITLE P NAME TRETHERWAY, DENNIS STREET ADDRESS 2355 NE OCEAN BLVD, #11A CITY-ST-ZIP STUART, FL 34996 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE P NAME TRETHERWAY, DENNIS STREET ADDRESS 2355 NE OCEAN BLVD, #11A CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE P NAME AUSTER, RICHARD STREET ADDRESS 361 QUEBEC COURT CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE P NAME AUSTER, RICHARD STREET ADDRESS 361 QUEBEC COURT CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition										
TITLE P NAME TRETHERWAY, DENNIS STREET ADDRESS 2355 NE OCEAN BLVD, #11A CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete																										
TITLE P NAME AUSTER, RICHARD STREET ADDRESS 361 QUEBEC COURT CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																										
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-11-08 <small>Date</small>																									