


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90064 004 ***158.75

DOCUMENT # P07000089954			
1. Entity Name DEDI MANAGEMENT COMPANY, INC.			
Principal Place of Business 1497 MAIN STREET, #303 DUNEDIN, FL 34698		Mailing Address 1497 MAIN STREET, #303 DUNEDIN, FL 34698	
2. Principal Place of Business - No P.O. Box # 1497 Main St.		3. Mailing Address 1497 Main St.	
Suite, Apt. #, etc. #383		Suite, Apt. #, etc. #383	
City & State Dunedin, FL		City & State Dunedin, FL	
Zip 34698	Country USA	Zip 34698	Country USA
6. Name and Address of Current Registered Agent KOUTRAS, DENNIS 1497 MAIN STREET, SUITE 303 DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name KOUTRAS, Diane Street Address (P.O. Box Number is Not Acceptable) 1497 Main St. #383 City Dunedin FL Zip Code 34698	
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>Diane Koutras</i> DATE <i>4/4/08</i> <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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOUTRAS, DENNIS 1497 MAIN STREET, SUITE 303 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOUTRAS, Dennis 1497 Main St. #383 Dunedin, FL. 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOUTRAS, DIANE 1497 MAIN STREET, SUITE 303 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOUTRAS, Diane 1497 Main St. #383 Dunedin, FL. 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>Diane Koutras</i>		Date <i>4/4/08</i> Daytime Phone # <i>727 734 9678</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	