2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 07, 2008 8:00 am Secretary of State DOCUMENT # P07000089958 05-07-2008 90109 004 ***158.75 1. Entity Name DEDI REAL ESTATE, INC. Principal Place of Business Mailing Address 40000 1497 MAIN STREET, SUITE 303 1497 MAIN STREET, SUITE 303 DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1497 Main ST. Main ST. Suite, Apt. #, etc. 04092008 CR2E034 (12/06) City & State 4. FEI Number Applied For 26-0679799 Ounedin Not Applicable Country \$8:75 Additional 5. Certificate of Status Desired ÜS A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUTRAS Diane KOUTRAS, DENNIS 1P.O. Box Number is Not Acceptable) 383 1497 MAIN STREET, SUITE 303 DUNEDIN, FL 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 ovegistered agent. Kouras 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE TH Change ☐ Addition KOUTEAS, Dennis KOUTRAS, DENNIS NAME NAME 1497 main ST. #383 STREET ADDRESS 1497 MAIN STREET, SUITE 303 STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP ounedin, FL. 34198 TITLE ☐ Delete IIILE L Change ■ Addition KOUTRAS, DIANE HOUTRAS Diane 1497 Main ST. #383 NAME NAME STREET ADDRESS 1497 MAIN STREET, SUITE 303 STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP ounedin, 1-1.34698 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attagorment with an address, with all other like empowered.

Koutras Diane KOUTRAS 4/4/08 727 734 9678

FILED