

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029093

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: DEALER ENHANCEMENT INC.

## Current Principal Place of Business:

1121 SOUTHWINDS DR. UNIT-1  
PORT ORANGE, FL 32129

## New Principal Place of Business:

1104 SOUTHLAND CT.  
PORT ORANGE, FL 32129

## Current Mailing Address:

1121 SOUTHWINDS DR. UNIT-1  
PORT ORANGE, FL 32129

## New Mailing Address:

1104 SOUTHLAND CT.  
PORT ORANGE, FL 32129

FEI Number: 26-2295567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAREY, KYLE  
1121 SOUTHWINDS DR. UNIT 1  
PORT ORANGE, FL 32129 US

## Name and Address of New Registered Agent:

FILLMAN, MARTIN C  
1104 SOUTHLAND CT.  
PORT ORANGE, FL 32129 US

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.

SIGNATURE: MARTIN C. FILLMAN LL

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: CAREY, KYLE  
Address: 1121 SOUTHWINDS DR. UNIT-1  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP/T ( ) Delete  
Name: CAREY, KYLE  
Address: 1121 SOUTHWINDS DR. UNIT-1  
City-St-Zip: PORT ORANGE, FL 32129

Title: S ( ) Delete  
Name: CAREY, KYLE  
Address: 1121 SOUTHWINDS DR. UNIT-1  
City-St-Zip: PORT ORANGE, FL 32129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: FILLMAN, MARTIN C  
Address: 1104 SOUTHLAND CT.  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP/T (X) Change ( ) Addition  
Name: FILLMAN, MARTIN C  
Address: 1104 SOUTHLAND CT.  
City-St-Zip: PORT ORANGE, FL 32129

Title: S (X) Change ( ) Addition  
Name: FILLMAN, NADINE  
Address: 1104 SOUTHLAND CT.  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN C. FILLMAN LL

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date