2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088744

City-St-Zip:

Entity Name: DED ENTERPRISES INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
210 CRYSTAL GROVE BLVD. LUTZ, FL 33548 US		262 CRYSTAL GROVE LUTZ, FL 33548 US		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
210 CRYSTAL GROVE BLVD. LUTZ, FL 33548 US			262 CRYSTAL GROVE BLVD. LUTZ, FL 33548 US	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
HAMMER, DAVID E 210 CRYSTAL GROVE BLVD. LUTZ, FL 33548 US		HAMMER, DAVID E 262 CRYSTAL GROVE LUTZ, FL 33548 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:			04/28/2009	
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS:	

LUTZ, FL 33548 US

PSD Title: PSTD () Delete Title: (X) Change () Addition HAMMER, DAVID E HAMMER, DAVID E Name: Name: 210 CRYSTAL GROVE BLVD. Address: 262 CRYSTAL GROVE BLVD. Address: City-St-Zip: LUTZ, FL 33548 US City-St-Zip: LUTZ, FL 33548 US Title: () Delete Title: VTD () Change (X) Addition WIBERG, JAMES P Name: Name: Address: Address: 262 CRYSTAL GROVE BLVD. LUTZ, FL 33548 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: POSTERNACK, CHARLES Address: Address: 262 CRYSTAL GROVE BLVD.

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.

City-St-Zip:

SIGNATURE: DAVID E HAMMER **PRES** 04/28/2009