2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000044897 DEEPA INVESTMENT, INC.

FILED Mar 19, 2007 08:00 A Secretary of State

Principal Place of Business

DAYTONA BEACH, FL 32118

1503 S ATLANTIC AVE

Mailing Address

1503 S ATLANTIC AVE DAYTONA BEACH, FL 32118



DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, ARUNBHAI 1503 S ATLANTIC AVE DAYTONA BEACH, FL 32118

the obligations of registered agent.

SIGNATURE.

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name or registrated agent and late in applicable (NOTE: Registrate Agent signature recovers "ren renstating)					
		9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000670525 03/27/07-80116-013 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARUNBHAI, PATEL 1503 S. A1A DAYTONA BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANNA, PATEL 1503 S. A1A DAYTONA BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			IN '	THIS SPACE
TITLE NAME					

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

12. Thereby 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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #