2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 08:00 AN **Secretary of State** DOCUMENT # P93000060878 1. Entity Name DEERBORN, INC. Principal Place of Business 1266 34TH STREET NORTH 1266 34TH STREET NORTH ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701 03062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3225029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWANKE, TIM DO NOT WRITE 15312 CARROLLTON LN TAMPA FL 33624 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if auplicable (NOTE Registered Agent signature required when relistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TOLE CHARARA, RADWAN NAME STREET ADDRESS 1266 34TH STREET NORTH CITY-ST-ZIP ST PETERSBURG, FL 33713 TITLE U00000853356 03/26/08-80064-024 150.00 CHARARA, HASSAN NAME 1266 34TH STREET NORTH STREET ADDRESS CITY - ST - ZIP ST PETERSBURG, FL 33713 TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP MLE IN THIS SPACE NAME STRLET ADDRESS CITY-S1-ZIP THILL NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 of 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 attachm address, with all other like empowered

SIGNATURE:

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

> CHAMONA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED