2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90031 022 ***150.00

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1. Entity Name
DEEPA, INC.

Principal Place of Business	Mailing Address
11570 SEMINOLE BLVD. DUNNELLON, FL 34431	11570 SEMINOLE BLVD. DUNNELLON, FL 34431

01162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DUNNELLON
Zip / Country	Zip: 34433 / Country: USA

4. FEI Number: 59-3235874 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATEL, NAINESH H 11570 SEMINOLE BLVD. DUNNELLON, FL 34431	Name: PATEL NAINESH H Street Address (P.O. Box Number is Not Acceptable): 12886. N-EDGEWATER DR City: DUNNELLON FL Zip Code: 34433

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: NAINESH PATEL P — DATE: 1-16-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	P/S ☒ Change ☐ Addition
NAME	PATEL, HARISH	NAME	PATEL NAINESH
STREET ADDRESS	11570 SEMINOLE RD	STREET ADDRESS	12886 N-EDGEWATER DR
CITY-ST-ZIP	DUNNELLON, FL	CITY-ST-ZIP	DUNNELLON FL 34433
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL NAINESH	NAME	
STREET ADDRESS	11570 SEMINOLE RD.	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, SARLA	NAME	
STREET ADDRESS	11570 SEMINOLE RD	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL	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	
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 attachment with an address, with all other like empowered.

SIGNATURE: NAINESH PATEL — Date: 1-16-08 — Daytime Phone #: (352) 572-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR