## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000031165

Entity Name: DURA DECK INTERNATIONAL INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8072 KIAWAH TRACE 9405 SCARBOROUGH CT

PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34986 US

Current Mailing Address: New Mailing Address:

8072 KIAWAH TRACE 9405 SCARBOROUGH CT

PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0571238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLASSEN, VICTOR
8072 KIAWAH TRACE
KLASSEN, VICTOR
9405 SCARBOROUGH CT

PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34986 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: 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

 Name:
 KLASSEN, VICTOR
 Name:
 KLASSEN, VICTOR

 Address:
 8072 KIAWAH TRACE
 Address:
 9405 SCARBOROUGH CT

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986
 City-St-Zip:
 PORT SAINT LUCIE, FL 34986

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KLASSEN, BRYAN
 Name:

 Address:
 8072 KIAWAH TRACE
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986
 City-St-Zip:

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Name:KLASSEN, HELENName:KLASSEN, HELENAddress:8072 KIAWAH TRACEAddress:9405 SCARBOROUGH CTCity-St-Zip:PORT SAINT LUCIE, FL 34986City-St-Zip:PORT SAINT LUCIE, FL 34986

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: VICTOR KLASSEN PS 03/24/2009