2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000003307

1. Entity Name
DULEVIE, INC.

Principal Place of Business	Mailing Address
635 PRIMERA BLVD. 101 LAKE MARY, FL 32746 US	250 AURORA CIR. CASSELBERRY, FL 32707 US

DO NOT WRITE IN THIS SPACE

05032004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3356909	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

NOACK, PAULA
250 AURORA CIR.
CASSELBERRY, FL 32707

DO NOT WRITE 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 applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOACK, PAULA
STREET ADDRESS	250 AURORA CIR.
CITY-ST-ZIP	CASSELBERRY, FL 32707

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000155706
05/05/04-80048-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paula Gillard _Paula E. Noack_   5/01/04   407-695-5471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #