2008 FOR PROFIT CORPORATION FILED ANNUAL REPORT Apr 16, 2008 08:00 All Secretary of State **DOCUMENT # P97000005627** DEARDORFF ENTERPRISES, INC. Principal Place of Business Malling Address 6640 SW 8TH ST. 6640 SW 8TH ST. PEMBROKE PINES, FL 33023 PEMBROKE PINES, FL 33023 US 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0723524 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEARDORFF, BLAINE DO NOT WRITE 6640 SW 8TH ST. PEMBROKE PINES, FL 33023 IN THIS SPACE the obligations of registered agent. SIGNATURE. DATE Signature, typed or orinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

m

FILE NOW!!! FEE 18 \$150.00

10. TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

After May 1, 2008 Fee will be \$550.00

DEARDORFF, BLAINE

PEMBROKE PINES, FL. 33023

6640 SW 8TH ST.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000008**99767** /29708-80002-

Applied For

Not Applicable

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

OFFICERS AND DIRECTORS

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR