2006 FOR PROFIT CORPORATION

FILED Aug 01, 2006 08:00 Al tate

ANNUAL REPORT				Secretary of St		
DOCUMENT # P9700009574 1. Entity Name DEESE STUDIO, INC.		574			S	secretary of St
Principal Place of Business 2120 SO MACDILL AVE. TAMPA, FL 33629 Mailing Address 2120 SO MACDILL AVE. TAMPA, FL 33629 TAMPA, FL 33629					1	: 11 11 12 12 12 13 14 15 15 15 15 15 15 15
D	O NOT WRITE	CE	07102006 4. FEI Number 59-189	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEESE, GLORIA 3110 STEARNS ROAD VALRICO, FL 33594				,	NOT WI	
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 bits of applicable. (NOTE Registered Agent algorithms remaiding) DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Fina Trust Fund Contribution.				5.00 May Be Ided to Fees		ith s. 607.193(2)(b), F.S., the oot receive the prior notice.
10. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D P DEESE, GLORIA 3110 STEARNS ROAD VALRICO, FL 33594 VP DEESE, JUDY 3411 W CASS TAMPA, FL 33609	DIRECTORS	——————————————————————————————————————			
STREET ADDRESS						

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.

TITLE NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR