2008 FOR PROFIT CORPORATION

Apr 04, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P99000038205 04-04-2008 90030 002 ***150.00 1. Entity Name DEKLIN INDUSTRIES, INC. Mailing Address Principal Place of Business 40059449 C/O BLAKESBERG & COMPANY, CPA'S C/O BLAKESBERG & COMPANY, CPA'S 951 S.W. 4TH AVENUE 951 S.W. 4TH AVENUE BOCA RATON, FL 33432-5803 BOCA RATON, FL 33432-5803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 65-0918214 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAKESBERG, JON D Street Address (P.O. Box Number is Not Acceptable) 951 S.W. 4TH AVENUE BOCA RATON, FL 33432-5803 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition HACKNER, SEAN NAME NAME STREET ADDRESS 1200 NW 17TH AVE #20-STREET ADDRESS 160 CONGRESS PARK CITY-ST-ZIP DELRAY BEACH, FL-33445 CITY-ST-ZIP DELRAY BEACH FL. 33445 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 employment 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

SIGNATURE:

TITLE

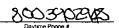
NAME

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

___ Delete





☐ Change - ☐ Addition

FILED