## 2007 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

## Mar 28, 2007 08:00 AM DOCUMENT # S62143 **Secretary of State** DEHARO COMMUNICATIONS, INC. Principal Place of Business Mailing Address 81 DIANNE DR P O BOX 923 ORMOND BEACH FL 32176 DAYTONA BEACH FL 32115 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc. Suito, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3176717 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Cortificate of Status Desirod 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSTERDORF, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 327 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114 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. DIRECTOR FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WELCH, ANTHONY D NAME 81 DIANNE DR STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32165 CITY-ST-ZIP CITY - ST-ZIP U0000068115ਊ <sup>change</sup> □ Addition 04/04/07-80031-014 150.00 TITLE ☐ Delete THIE WELCH, DIANE E NAME 81 DIANNE DR STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY-SI-7IP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP IIIŒ ☐ Defete TITU: ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete IIIŒ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

**FILED** 

SIGNATURE: SIGNATURE: WILL 3|26|07 (386) 252-08

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Date