2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# V46717

Entity Name: DEANZA ENTERPRISES, INC.

Current Principal Place of Business:

5203 CENTRAL AVE
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

5201 CENTRAL AVE
ST PETERSBURG, FL 33710 US

Current Mailing Address:

5203 CENTRAL AVE
ST PETERSBURG, FL 33710 US

New Mailing Address:

5201 CENTRAL AVE
ST PETERSBURG, FL 33710 US

FEI Number: 59-3137326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANKS, ODESSA L.
5203 CENTRAL AVE
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

MENDEE B. LIGON
5201 CENTRAL AVE
ST PETERSBURG, FL 33710 US

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.

SIGNATURE: MENDEE B. LIGON 07/07/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BANKS, GEORGE E. MD,
Address: 5203 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL

Title: D ( ) Delete
Name: BANKS, ODESSA L.,
Address: 5203 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL

Title: D ( ) Delete
Name: LIGON, REGINALD,
Address: 5201 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL

Title: D (X) Delete
Name: LIGON, MENDEE B.,
Address: 5201 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MENDEE B. LIGON,
Address: 5201 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33710

Title: D (X) Change ( ) Addition
Name: REGINALD LIGON,
Address: 5201 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33710

Title: D (X) Change ( ) Addition
Name: LIGON, REGINALD BRIA, N
Address: 5201 CENTRAL AVE
City-St-Zip: ST PETERSBURG, FL 33710

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MENDEE B. LIGON D 07/07/2008
Electronic Signature of Signing Officer or Director Date