2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V57340

1. Entity Name
DEEP BLUE ENTERPRISES, INC.



FILED Apr 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

800 SNUG ISLAND CLEARWATER, FL 33767

800 SNUG ISLAND

CLEARWATER, FL 33767

US



DO NOT WRITE IN THIS SPACE

04092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3137751

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORTNER, HARVEY F. 800 SNUG ISLAND CLEARWATER, FL 33767

DO NOT WRITE IN THIS SPACE

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 Fiorida. I am familiar with, and accept the obligations of registered agent.

CICNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS **PVT** TITLE NAME GORTNER, HARVEY STREET ADDRESS 800 SNUG ISLAND CITY-ST-ZIP CLEARWATER, FL TITLE GORTNER, HARVEY F. NAME STREET ADDRESS 800 SNUG ISLAND CITY-ST-ZIP CLEARWATER, FL TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

U00000702214 04/20/07-80091-006 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 shalt 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.

SIGNATURE:

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

1/1/2

Pres. Harvey Gorg

4/7/07

727 46/ 69/9

Daytime Phone #