

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000096166

Entity Name: DEEPER, INC.**Current Principal Place of Business:**4037 AVALON PARK EAST BLVD
STE 2
ORLANDO, FL 32828**Current Mailing Address:**4037 AVALON PARK EAST BLVD
STE 2
ORLANDO, FL 32828 US**FEI Number:** 45-5188554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CPA SOLUTIONS, INC.
605 E. ROBINSON ST.
STE. 450
ORLANDO, FL 32801 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	LIUBINAS, AURELIJUS
Address	SAULETEKIO AVE 15, LT-10224
City-State-Zip:	VILNIUS, LITHUANIA AL

Title	COO
Name	DOBILAS, VYTAUTAS
Address	SAULETEKIO AVE 15, LT-10224
City-State-Zip:	VILNIUS, LITHUANIA AL

Title	CMO
Name	SEREIKA, ROLANDAS
Address	SAULETEKIO AVE 15, LT-10224
City-State-Zip:	VILNIUS, LITHUANIA AL

Title	CSO
Name	BAKANAS, AIVARAS
Address	SAULETEKIO AVE 15, LT-10224
City-State-Zip:	VILNIUS, LITHUANIA AL

Title	CFO
Name	BAKUTYTE, SIGITA
Address	SAULETEKIO AVE 15, LT-10224
City-State-Zip:	VILNIUS, LITHUANIA AL

Title	MGRM
Name	CANTOR, DALIA
Address	605 EAST ROBINSON ST #450
City-State-Zip:	ORLANDO FL 32801

I hereby 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 all other like empowered.

SIGNATURE: DALIA CANTOR

CPA

04/26/2018

Electronic Signature of Signing Officer/Director Detail_____
Date