

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214513873				
1.) CORPORATION NAME: <b>DEJEVU, INC.</b>		DUE DATE: <b>2/28/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>WILLIAM A PARKS JR 301 WEST MAIN ST PO BOX 1175  COVINGTON, VA</b>		SCC ID NO: <b>04793378</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALLEGHANY COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: PO BOX 310 200 SMOKEY BEAR LANE  CITY/ST/ZIP: COVINGTON, VA 24426						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME:	RONALD S BOWERS	<input checked="" type="checkbox"/> OFFICER				
TITLE:	PRESIDENT	<input checked="" type="checkbox"/> DIRECTOR				
ADDRESS:	P O BOX 310					
CITY/ST/ZIP/CO:	COVINGTON, VA 24426					
NAME:	KATHY D BOWERS	<input checked="" type="checkbox"/> OFFICER				
TITLE:	S/T	<input checked="" type="checkbox"/> DIRECTOR				
ADDRESS:	P O BOX 310					
CITY/ST/ZIP/CO:	COVINGTON, VA 24426					
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ KATHY D BOWERS	KATHY D BOWERS, S/T	3/17/2014				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						