


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90210 032 ***150.00

DOCUMENT # P0000088865

1. Entity Name
THREE DUMMIES, INC.



Principal Place of Business
625 NW 16 AVE
MIAMI, FL 33125

Mailing Address
625 NW 16 AVE
MIAMI, FL 33125



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1050576

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BORDEN, DILLARD R
625 NW 16 AVE
MIAMI, FL 33125

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

SIGNATURE *Kenneth C. Borden* **Kenneth C. Borden, Esq.**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

7600 West 20th Ave.
Homestead, FL 33016

4/16/04 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	PD BORDEN, DILLARD R 625 NW 16 AVE MIAMI, FL 33125
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	STD BORDEN, JOY LYNN 625 NW 16 AVE MIAMI, FL 33125
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D BORDEN, KENNETH C 625 NW 16 AVE MIAMI, FL 33125
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D BORDEN, DILLARD R III 625 NW 16 AVE MIAMI, FL 33125
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	D BORDEN, JONATHAN R 625 NW 16 AVE MIAMI, FL 33125
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: *D.R. Borden Jr.* **D.R. BORDEN JR.** 4/15/04 **305-642-7822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #