

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000088865

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



02062006 No Chg-P GR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

100000426823
 02/20/06-B0053-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BORDEN, DILLARD R
STREET ADDRESS	625 NW 16 AVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	STD
NAME	BORDEN, JOY LYNN
STREET ADDRESS	625 NW 16 AVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	BORDEN, KENNETH C
STREET ADDRESS	625 NW 16 AVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	BORDEN, DILLARD R III
STREET ADDRESS	625 NW 16 AVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	BORDEN, JONATHAN R
STREET ADDRESS	625 NW 16 AVE
CITY-ST-ZIP	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 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 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: [Signature] PRESIDENT Date: 2/6/06 Daytime Phone #: 305 642-7522