


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000128991 <small>1. Entity Name</small> DINAND PRODUCTS, INC.	
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<small>Principal Place of Business</small> 561 31ST SW NAPLES FL 34117	<small>Mailing Address</small> 561 31ST SW NAPLES FL 34117
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<small>2. Principal Place of Business</small>	<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>

1st MODRE CR2E034 (10/05)

<small>4. FEI Number</small> 51-0444832	<small>Applied For Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DINAND, HELENE
561 31ST STREET SW
NAPLES FL 34117**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: _____ 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

<small>TITLE</small>	P <input type="checkbox"/> Delete	<small>NAME</small> DINAND, HELENE
<small>STREET ADDRESS</small>		561 31ST SW
<small>CITY-ST-ZIP</small>		NAPLES FL 34117
<small>TITLE</small>	<input type="checkbox"/> Delete	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> Delete	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> Delete	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	<small>NAME</small>
<small>STREET ADDRESS</small>		U00000421672
<small>CITY-ST-ZIP</small>		02/16/06-80046-010 150.00
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dinand*

1-30-06