


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90018 043 ***150.00

DOCUMENT # P96000073482
 1. Entity Name
DISABLED DEALER ENTERPRISES INC.



Principal Place of Business Mailing Address
426 ISLAND CAY WY **426 ISLAND CAY WY**
APOLLO BEACH FL 33572 **APOLLO BEACH FL 33572**
US **US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)
 4. FEI Number **59-3400019** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
SMITH, STELLA
426 ISALND CAY WY
APOLLO BEACH FL 33572

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	O'RIORDAN, OLIVER	
STREET ADDRESS	7000 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT	
STREET ADDRESS	426 ISLAND CAY WY	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	EPV	<input type="checkbox"/> Delete
NAME	SMITH, STELLA	
STREET ADDRESS	426 ISLAND CAY WY	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	769 Kingston Ct.	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stella M. Smith **Stella M. Smith** 3-1-06 888-521-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #