


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 515208 1. Entity Name DEAN YOUNG ENTERPRISES, INC.	
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Principal Place of Business 946 BAY ESPLANADE CLEARWATER BEACH, FL 33767 US	Mailing Address 946 BAY ESPLANADE CLEARWATER, FL 33767 US
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05172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1758133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNG, DEAN 946 BAY ESPLANADE CLEARWATER BEACH, FL 33767
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YOUNG, DEAN 946 BAY ESPLANADE CLEARWATER FL.
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05/23/05-80002-016 550.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____