## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Feb 13, 2006 08:00 AM Secretary of State **DOCUMENT # 515208** DEAN YOUNG ENTERPRISES, INC. Principal Place of Business Mailing Address 946 BAY ESPLANADE 946 BAY ESPLANADE CLEARWATER BEACH, FL 33767 CLEARWATER, FL 33767 No Chg-P 01222008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1758133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent YOUNG, DEAN DO NOT WRITE 946 BAY ESPLANADE CLEARWATER BEACH, FL 33767 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\_\_\_\_\_\_\_\_Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when translating) DATE 9. Election Campaign Financing FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PTD TITLE YOUNG, DEAN NAME 948 BAY ESPLANADE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL. U00800431371 02/23/06-80026-005 150.00 TITLE NAME STREET ADDRESS. CITY-ST-ZIP 11TT NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing cloes 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 eccurate and that my signature shall have the same legal effect as if made under cells, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all otifye like empowered.

CHING OFFICER OR DIRECTOR

**FILED**