
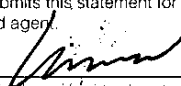


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90358 015 \*\*\*150.00

<b>DOCUMENT # 686363</b> 1. Entity Name <b>ADAM, ROBERT, DEAN, INC.</b>					
Principal Place of Business <b>200 ADMIRALS COVE BLVD. JUPITER, FL 33477</b>			Mailing Address <b>200 ADMIRALS COVE BLVD. JUPITER, FL 33477</b>		
2. Principal Place of Business <b>3801 PGA BLVD</b> Suite, Apt. #, etc. <b>STE 107</b>		3. Mailing Address <b>3801 PGA BLVD</b> Suite, Apt. #, etc. <b>STE 107</b>			
City & State <b>Palm Beach Gardens</b>		City & State <b>Palm Beach Gardens</b>			
Zip <b>33410</b>		Country <b>USA</b>		Zip <b>33410</b>	
Country <b>USA</b>		4. FEI Number <b>52-1196208</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HYMAN, SHERRY L 200 ADMIRALS COVE BLVD. JUPITER, FL 33477</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3801 PGA BLVD</b> <b>STE 107</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FRANKEL, WILLIAM</b> <b>1845 WALNUT ST.</b> <b>PHILADELPHIA, PA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FRANKEL, ROBERT</b> <b>1845 WALNUT ST.</b> <b>PHILADELPHIA, PA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FRANKEL, DEAN</b> <b>1845 WALNUT ST</b> <b>PHILADELPHIA, PA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	