


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90154 024 ***150.00

DOCUMENT # F05000005167	
1. Entity Name DM DEAN, INC.	

Principal Place of Business 6700 LAURELTON CLARKSTON, MI 48346	Mailing Address 5881 GICCOT BLVD PORT CHARLOTTE, FL 33981
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5881 GILLOT BLVD. Suite, Apt. #, etc.
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City & State PORT CHARLOTTE FL.	City & State PORT CHARLOTTE FL.	4. FEI Number 38-3354384	Applied For Not Applicable
Zip 33981	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



03062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent DEAN, MARK 5881 GILLOT BLVD PORT CHARLOTTE, FL 33981		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, MARK 5881 GILLOT BLVD PORT CHARLOTTE, FL 33981 <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
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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.

SIGNATURE:  MARK DEAN 3/6/06 248-342-6982