2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # F84480 Jan 22, 2007 08:00 AM 1. Entity Name **Secretary of State** ANDREW A. DEAN, P.A. Principal Place of Business Mailing Address 10 FERNBROOKE DR. 10 FERNBROOKE DR. SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Cily & State 4. FEI Numbor Applied For 59-2203404 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DEAN, ANDREW A., JR. Street Address (P.O. Box Number is Not Acceptable) 10 FERNBROOKE DRIVE SAFETY HARBOR FL 34695 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered effice 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 in applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. PD Delete mu MUE ☐ Change ☐ Addition DEAN, ANDREW A JR NAME NAMI U00000597462 10 FERNBROOKE DR STREET ADDRESS STREET ADDRESS 01/24/07-80038-004 150.00 SAFETY HARBOR FL 34695 CHY-51-ZIP CHY-ST-7/P Addition 11161 ☐ Delete ma ☐ Change NAME MANE STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 11111 ☐ Defete IIILI Change Addition STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-7IP 11111 Defete 11111 Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-S1-ZIP Defete ☐ Change Addition HILLE 11111 NAME NAME STREET ADDRESS STREET LADORESS CITY-S1-7IP CITY-ST-ZIP IIIL ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STRELLI ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP 12. I heroby 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 earl; 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: CALLA COLOR AND REW A. DEAN JR 1-18-07 727-724-9558 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day. The Phone of