



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90052 025 \*\*\*150.00

<b>DOCUMENT # J64421</b> 1. Entity Name <b>DITTO ENTERPRISES, INC.</b>					
Principal Place of Business <b>2130 SW HAYWORTH VE</b> <b>PORT ST LUCIE, FL 34953 US</b>			Mailing Address <b>2130 SW HAYWORTH AVE</b> <b>PORT SAINT LUCIE, FL 34953 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>896 SW GRAND RESERVES</b> Suite, Apt. #, etc. <b>BLVD</b>			
City & State <b>PORT ST LUCIE FL</b>		4. FEI Number <b>65-0057242</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34986</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HALDANE, THOMAS WILLIAM</b> <b>2133 SOUTHEAST BRYSON AVENUE</b> <b>PORT ST. LUCIE, FL 34952</b>			7. Name and Address of New Registered Agent Name <b>HALDANE, THOMAS WILLIAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>896 SW GRAND RESERVES BLVD</b> City <b>PORT ST LUCIE</b> FL <b>34986</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HALDANE, THOMAS WILLIAM</b> <b>2133 SE BRYSON AVENUE</b> <b>PT ST LUCIE, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>896 SW GRAND RESERVES BLVD</b> <b>PORT ST LUCIE, FL 34986</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HALDANE, SHAROLYN A.</b> <b>2133 SE BRYSON AVENUE</b> <b>PT ST LUCIE, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>896 SW GRAND RESERVES BLVD</b> <b>PORT ST LUCIE FL 34986</b>		
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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		
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> 		2/24/06 772-336-2233			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			