2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2006 08:00 AM **DOCUMENT # K53227 Secretary of State** 1. Entity Name D.S.K. RHODEN ENTERPRISES, INC. Mailing Address Principal Place of Business 1975 CARROLL ST 1975 CARROLL ST CLEARWATER, FL 34625 CLEARWATER, FL 34625 US No Chg-P CR2E034 (11/05) 07102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2929659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AKERSON, R. BRUCE 1135 PASADENA AVENUE SO #140 ST. PETERSBURG, FL 33707 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen) signature required when reinstating) 000000571062 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 07/18/06-80022-008 550**.**00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE RHODEN, DAVID NAME 706 LAFAYETTE BLVD STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

And Phoden

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP