


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**


04-14-2005 90115 018 \*\*\*150.00

<b>DOCUMENT # L13563</b>	
1. Entity Name <b>DEX TRI-COUNTY, INC.</b>	

Principal Place of Business <b>6601 LYONS ROAD C-11 COCONUT CREEK, FL 33073</b>	Mailing Address <b>6601 LYONS ROAD C-11 COCONUT CREEK, FL 33073</b>
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2. Principal Place of Business <b>7544 West McNab Road</b>	3. Mailing Address <b>7544 West McNab Road</b>
Suite, Apt. #, etc. <b>Bay C-27</b>	Suite, Apt. #, etc. <b>Bay C-27</b>
City & State <b>North Lauderdale, FL</b>	City & State <b>North Lauderdale, FL</b>
Zip <b></b>	Country <b></b>

**20033600**



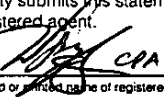
03252005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0956045</b>	Applied For <b>Not Applicable</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>HORWITZ, WAYNE CPA 3511 W. COMMERCIAL BLVD. SUITE 402 FT LAUDERDALE, FL 33309</b>	
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7. Name and Address of New Registered Agent	
Name <b>Wayne Horwitz, C.P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>800 Corporate Drive</b>	
Suite 310	
City <b>Fort Lauderdale</b>	FL Zip Code <b>33334</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  **CPA** DATE **3-25-05**

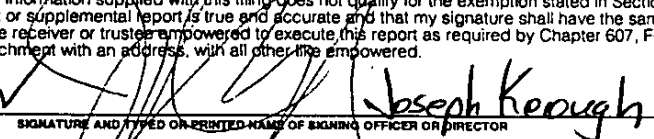
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>PST</b>	<input type="checkbox"/> Delete
NAME <b>KEOUGH, JOSEPH</b>	
STREET ADDRESS <b>8226 N.W. 63 COURT</b>	
CITY - ST - ZIP <b>PARKLAND, FL 33067</b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Joseph Keough</b>	
STREET ADDRESS <b>11130 Heron Bay Boulevard #423</b>	
CITY - ST - ZIP <b>Coral Springs, FL 33076</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY - ST - ZIP <b></b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Joseph Keough** DATE: **4-11-05** DAYTIME PHONE: **954 9148388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR