2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 18, 2005 08:00 AM **Secretary of State** DOCUMENT # L64956 1. Entity Name DEAN OF BUSINESS, INC. Mailing Address Principal Place of Business \$186 WINDOVER WAY TITUSVILLE, FL 32780 6186 WINDOVER WAY TITUSVILLE, FL 32780 US CR2E034 (10/03) No Chg-P 01132005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2997660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEAN, WESLEY H. 6186 WINDOVER WAY TITUSVILLE, FL 32780 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U00000184210 01/20/05-80021-014 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DEAN, WESLEY H. 6186 WINDOVER WAY STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL TITLE DEAN, JOYCE H NAME 6186 WINDOVER WAY STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS. CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP 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 further 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.

ING OFFICER OR DIRECTOR

FILED