2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L64956

1. Entity Name
DEAN OF BUSINESS, INC.

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01082008   Chg-P   CR2E034 (12/06)

Principal Place of Business	Mailing Address
2400 RIVIERA TITUSVILLE, FL 32780 US	6186 WINDOVER WAY TITUSVILLE, FL 32780 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address _2400 RIVIERA DRIVE_
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State _TITUSVILLE FL_

4. FEI Number   **59-2997660**   ☐ Applied For   ☐ Not Applicable

Zip	Country	Zip _32780_	Country _BREVARD_

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, WESLEY H.
2400 RIVIERA
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   **FL**   Zip Code

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **DP** NAME **DEAN, WESLEY H.** STREET ADDRESS **2400 RIVIERA** CITY-ST-ZIP **TITUSVILLE, FL 32780**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **V** NAME **DEAN, JOYCE H** STREET ADDRESS **2400 RIVIERA** CITY-ST-ZIP **TITUSVILLE, FL 32780**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.
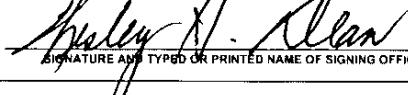
SIGNATURE: _Wesley N. Dean_   WESLEY H. DEAN   1-8-08   (321) 794-1729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #