

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90242 004 ***158.75

DOCUMENT # P00000086395 1. Entity Name RICHARD DEE & ASSOCIATES, INC.					
Principal Place of Business 8221 W GLADES RD 202 BOCA RATON, FL 33434			Mailing Address 8221 W GLADES RD 202 BOCA RATON, FL 33434		
2. Principal Place of Business 11613 Quiet Waters LN		3. Mailing Address 11613 Quiet Waters LN			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BOCA RATON		City & State BOCA RATON, FL		4. FEI Number 65-1039043	
Zip 33428		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required	
Zip 33428		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIECIDUE, RICHARD A 8221 W GLADES RD #202 BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 11613 Quiet Waters Lane City BOCA RATON FL Zip Code 33428	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIECIDUE, RICHARD A 8221 W GLADES RD #202 BOCA RATON, FL 33434 (MOVED) →	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(SAME) 11613 Quiet Waters Lane BOCA RATON, FL 33428	<input checked="" 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
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
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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 registered 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:			Date: 4/28/06 Daytime Phone #: 561 488 5055		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					