2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000016659

1. Entity Name
3-D ENTERPRISES OF N.E. FL., INC.

Principal Place of Business	Mailing Address
401 MINNESOTA AVE.	401 MINNESOTA AVE.
SATSUMA, FL 32189	SATSUMA, FL 32189

03282006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3696143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOWDY, DAVID
401 MINNESOTA AVE.
SATSUMA, FL 32189

DO NOT WRITE 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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DOWDY, DAVID
STREET ADDRESS	401 MINNESOTA AVE.
CITY-ST-ZIP	SATSUMA, FL 32189

TITLE	D
NAME	DOWDY, KIMBERLY
STREET ADDRESS	401 MINNESOTA AVE.
CITY-ST-ZIP	SATSUMA, FL 32189

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000486744
04/13/06-80050-003 150.00

DO NOT WRITE IN THIS SPACE

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: X _____   3/30/06   (386) 972-8454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #