2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000098220

1. Entity Name DEAN PARKINSON INC.



Principal Place of Business

PO BOX 1578 KEY LARGO, FL 33037 Mailing Address

PO BOX 1578

KEY LARGO, FL 33037

FILED May 04, 2006 08:00 AM Secretary of State

U00000562247 05/19/06-80048-004 150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1146243

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKINSON, DEAN 24 JEWFISH AVE KEY LARGO, FL 33037

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	r named entity submits this statement for the parties of registered agent.	surpose of changing its registe	red office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept					
SIGNATURE.		·····								
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE										
	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May 9e Added to Fees						
10.	OFFICERS AND DIREC	CTORS	Santa di 10	The state of the s						
TITLE	PD									
NAME	PARKINSON, DEAN									
				1. 20 mg 10 mg						

24 JEWFISH AVE STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME

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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 cettr; 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:

STREET ADDRESS CITY-ST-ZIF

NAME STREET ADDRESS

4-20-06 (305)451-1531