2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000115268

1. Entity Name
DOW GROUP ENTERPRISES, INC.



FILED
May 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

1680 HWY. A1A SUITE 1

SATELLITE BEACH, FL 32937

Mailing Address 1680 HWY, A1A SATELLITE BEACH, FL 32937



04212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 55-3159785

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

Daytime Phone #

DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent
WEBSTER, EDWARD JOHN

1680 HWY. A1A SUITE 1 SATELLITE BEACH, FL 32937

SIGNATURE:

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 reinstang) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	noing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, EDWARD JOHN 111 BAY VIEW DR. INDIAN HARBOR BEACH, FL 32937			U00000553593 05/15/06-80058-003 158.75	
TITLE NAME STREET ADDRESS CITY+ST+ZIP	D WEBSTER, SYLVIA F 111 BAY VIEW DR. INDIAN HARBOR BEACH, FL 32937				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 eath; 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.					

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Webster