2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 02, 2006 08:00 Al DOCUMENT # P02000021861 **Secretary of State** GONE DUTCH ENTERPRISES INC. Principal Place of Business Mailing Address 1660 RIVERLAND ROAD 1660 RIVERLAND ROAD FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 01132006 No Chg-P CR2E034 (11/05) **DO NOT WRITE IN THIS SPACE** Applied For 4. FEI Number 01-0609974 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REISERT, J. MICHAEL DO NOT WRITE 1660 RIVERLAND ROAD FT. LAUDERDALE, FL 33312 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE REISERT, J. MICHAEL NAME STREET ADDRESS 1660 RIVERLAND ROAD City-51-Zip FT. LAUDERDALE, FL 33312 Unnnnn454208 09/14/06-80052-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied es not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report the corporation or the receiver or trustee curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute 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 any

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #