2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057330 DIX EVENT MANAGEMENT, INC. Mailing Address Principal Place of Susiness 220 EAST CENTRAL PARWAY 220 EAST CENTRAL PARWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 **SUITE 1020** ALTAMONTE SPRINGS, FL 32701 02222006 DO NOT WRITE IN THIS SPACE

FILED Apr 24, 2006 08:00 AM **Secretary of State**

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CR2E034 (11/05) No Chg-P Applied For 4. FEI Number 37-1437005 Not Applic: \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DICKS, JACK W 220 EAST CENTRAL PARKWAY **SUITE 1020** ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plants of registered agent.	outpose of changing its registered office of i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and a	
SIGNATURE	Signature, typed or printed name of registered agent and title	# applicable. (NOTE Registered Agent signature	required when reinstalling)	DATE	
FILE NOW!!! FEE 15 \$150.00 After May 1, 2006 Fee will be \$550.00		Section Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000529613 05/05/06-80083-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD DICKS, JAMES E 220 EAST CENTRAL PARKWAY, SUI ALTAMONTE SPRINGS, FL 32701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO DICKS, JACK W 220 EAST CENTRAL PARKWAY, SUI ALTAMONTE SPRINGS, FL 32701	TE1020			
TITLE NAME STREET AUDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY_ST_TIP					

12. Thereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.