


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90037 029 \*\*\*150.00

<b>DOCUMENT # P02000079255</b> 1. Entity Name <b>ARDESHIR DEAN CONSULTING, INC.</b>																																			
Principal Place of Business <b>11920 KEATING DRIVE TAMPA, FL 33626</b>		Mailing Address <b>11920 KEATING DRIVE TAMPA, FL 33626</b>																																	
2. Principal Place of Business <b>15616 Berea Drive</b>		3. Mailing Address <b>15616 Berea Dr.</b>																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State <b>Odessa FL</b>		City & State <b>Odessa FL</b>																																	
Zip <b>33556</b>		Zip <b>33556</b>																																	
Country <b>US</b>		Country <b>US</b>																																	
4. FEI Number <b>55-0788475</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>DEAN, ARDESHIR V 11920 KEATING DRIVE TAMPA, FL 33626</b>		7. Name and Address of New Registered Agent Name <b>DEAN, ARDESHIR V.</b> Street Address (P.O. Box Number is Not Acceptable) <b>15616 Berea Drive</b> City <b>Odessa</b> <b>FL</b> Zip Code <b>33556</b>																																	
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 <u><i>Ardeshir V. Dean</i></u> DATE <u>1/4/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PD NAME DEAN, ARDESHIR V STREET ADDRESS 11920 KEATING DRIVE CITY-ST-ZIP TAMPA, FL 33626         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE PD NAME DEAN, ARDESHIR V STREET ADDRESS 11920 KEATING DRIVE CITY-ST-ZIP TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PD NAME DEAN, ARDESHIR V. STREET ADDRESS 15616 Berea Drive CITY-ST-ZIP Odessa FL 33556         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE PD NAME DEAN, ARDESHIR V. STREET ADDRESS 15616 Berea Drive CITY-ST-ZIP Odessa FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 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: <u><i>Ardeshir V. Dean</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/4/06</u> Daytime Phone # <u>813-472-9147</u>																																	

cell-609-865-9809