

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000038771

1. Entity Name
DEAN SHECHTMAN, INC.



Principal Place of Business
P O BOX 773309
OCALA, FL 34477

Mailing Address
P O BOX 773309
OCALA, FL 34477

2. Principal Place of Business
P.O. Box 80-004053

Suite, Apt. #, etc.

3. Mailing Address
PO Box 80-004053

Suite, Apt. #, etc.

City & State
AVENTURA FL

Zip 33280 Country USA

City & State
AVENTURA, FL

Zip 33280 Country USA

4. FEI Number
01-0778283

04252006 Chg-P CR2E034 (11/05)

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

AUERBACH, JAY E
2338 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHECHTMAN, DEAN PO BOX 773309 OCALA, FL 344773309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHECHTMAN, DEAN PO BOX 80-004053 AVVENTURA, FL 33280	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

4-27-06

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