

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000067966			
1. Entity Name LARRY DION CORPORATION			
Principal Place of Business 638 UNITED STREET KEY WEST, FL 33040		Mailing Address PO BOX 1209 KEY WEST, FL 33041-1209	
DO NOT WRITE IN THIS SPACE			
		 04182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 05-0571891	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMPELL, PAUL ESQ 50 COCOANUT ROW, SUITE 220 PALM BEACH, FL 33480		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000540282 05/10/06-80012-005 158.75
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DION, LAWRENCE R 638 UNITED STREET KEY WEST, FL 33040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLYFIELD, JAMES R 1601 FORUM PLACE WEST PALM BEACH, FL 334018106		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, SUZANNE D 638 UNITED ST. KEY WEST, FL 33040		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		Date	Daytime Phone #