

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90036 050 \*\*\*150.00

<b>DOCUMENT # P03000075691</b>					
<b>1. Entity Name</b> DEANNUNTUS ENTERPRISES, INC.					
<b>Principal Place of Business</b> 3295 FOXCHASE CIRCLE N 207 PALM HARBOR, FL 34683			<b>Mailing Address</b> P.O. BOX 577 CLEARWATER, FL 33757		
<b>2. Principal Place of Business</b> 1049 SWEET JASMINE DR Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> TRINITY, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 81-0627764	
<b>Zip</b> 34655		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DEAN, JOHN 3295 FOXCHASE CIR N # 207 PALM HARBOR, FL 34683				<b>7. Name and Address of New Registered Agent</b> Name <b>JOHN DEAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1049 SWEET JASMINE DR</b> City <b>TRINITY</b> <b>FL</b> <b>34655</b>	
<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.</b>					
<b>SIGNATURE</b> <u>John Dean</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>JOHN DEAN</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>2-14-06</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> DEAN, JOHN 3295 FOXCHASE CIRCLE N, # 207 PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	JOHN DEAN 1049 SWEET JASMINE DR TRINITY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>John Dean</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JOHN DEAN</b>		<b>2-14-06</b> <small>Date</small>	<b>727-462-7167</b> <small>Daytime Phone #</small>