

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136874

Entity Name: DIRT SQUIRTS INC.

FILED  
Apr 26, 2006  
Secretary of State

**Current Principal Place of Business:**

37530 FERRIS AVENUE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2323  
ZEPHYRHILLS, FL 33539

**New Mailing Address:**

FEI Number: 56-2423321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARMER, DAN  
1933 PEMBROKE ROAD  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WOOD, CATHERINE L  
Address: 37530 FERRIS AVENUE  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SD ( ) Delete  
Name: WOOD, TONY  
Address: 37530 FERRIS AVENUE  
City-St-Zip: ZEPHYRHILLS, FL 33542

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE L WOOD

PD

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date