

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
May 16, 2006 8:00 am
Secretary of State

03-22-2006 90028 010 ***150.00

DOCUMENT # P04000055977 1. Entity Name DUSTI TREE, INC.					
Principal Place of Business 90174 OVER SEAS HWY #1 TAVERNIER FL 33070			Mailing Address PO BOX 101 TAVERNIER FL 33070		
2. Principal Place of Business <i>SAME ABOVE</i>			3. Mailing Address <i>SAME ABOVE</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country <i>MONROE</i>		4. FEI Number 61-1468850	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RIVERS, JESSE DUSTI 90174 OVER SEAS HWY #1 TAVERNIER FL 33070				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>SAME - NO CHANGE</i> 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 <i>Jesse Dusti Rivers</i> 2/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P RIVERS, JESSE DUSTI 90174 OVER SEAS HWY #1 TAVERNIER FL 33070 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERS, DUSTIN B 90174 OVER SEAS HWY #1 TAVERNIER FL 33070 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FALSE START - <input type="checkbox"/> Change <input type="checkbox"/> Addition INDIVIDUALS DECIDED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO START THEIR <input type="checkbox"/> Change <input type="checkbox"/> Addition OWN BUSINESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <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 Section 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: <i>Jesse Dusti Rivers</i>			JESSE DUSTI RIVERS 3/8/06 305 522 1549		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE Daytime Phone #</small>		



ATTACHMENT
66016644

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2006

DUSTI TREE, INC.
PO BOX 101
TAVERNIER, FL 33070

Subject: DUSTI TREE, INC.

Reference Number: P04000055977

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

NOTE: NOT SURE WHAT EXACTLY YOU ARE
-LOOKING FOR. THE TWO ADDITIONAL
OFFICERS DECIDED TO GO ELSE WHERE
(START THEIR OWN BUSINESS.)