## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2006 8:00 am Secretary of State 03-24-2006 90019 005 \*\*\*150.00

1. Entity Name D.L. WEAR ENTERPRISES, INC.    Principal Place of Business   Mailing Address   311 PINE GLEN WAY   311. PINE GLEN WAY   ENGLEWOOD, FL 34223   ENGLEWOOD, FL 34223
311 PINE GLEN WAY ENGLEWOOD, FL 34223  2. Principal Place of Business 207 CADDY Suite, Apt. #, etc.  3. Mailing Address 207 CADDY Suite, Apt. #, etc.  3. Mailing Address 207 CADDY Suite, Apt. #, etc.  3. Mailing Address 207 CADDY Suite, Apt. #, etc.  02282006 Chg-P CR2E034 (11/05)  4. FEI Number 20-1294242 Not Applied For Size Required  5. Certificate of Status Desired 6. Name and Address of Current Registered Agent  WEAR, DANNY LEE 311 PINE GLEN WAY ENGLEWOOD, FL 34223  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
ENGLEWOOD, FL 34223  ENGLEWOOD, FL 34223  ENGLEWOOD, FL 34223  ENGLEWOOD, FL 34223  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & Glate Rotunda West Fl Rotunda West Fl Rotunda West Fl Rotunda West Fl Rotunda Registered Agent  Zip Country  3 3 9 4 7 Country  3 3 9 4 7 S. Certificate of Status Desired Status Desired Required  6: Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number's Not Acceptable)  Street Address (P.O. Box Number's Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.
2. Principal Place of Business 207 CADDY Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Hotunda West F1 Country 3 3 9 4 7  Country  Tip Country 3 3 9 4 7  Country  Tip Country  Sireer Address of Current Registered Agent  Name  WEAR, DANNY LEE 311 PINE GLEN WAY ENGLEWOOD, FL 34223  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
Suite, Apt. #, etc.  O2282006 Chg-P CR2E034 (11/05)  City & State  Fortunda West F Rotunda West F 20-1294242  Zip 20-1294242  Zip 33947  Country S. Certificate of Status Desired Status Desired Statis Desired Required  Fee Required  Fee Required  Name  WEAR, DANNY LEE  311 PINE GLEN WAY  ENGLEWOOD, FL 34223  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O2282006 Chg-P CR2E034 (11/05)  City & State  For Data Not Applied For Not Applied F
Not Applicable   Not Applicable   Not Applicable   Status Desired   Stat
5. Certificate of Status Desired Gee Required  6. Name and Address of Current Registered Agent  WEAR, DANNY LEE 311 PINE GLEN WAY ENGLEWOOD, FL 34223  Street Address (P.O. Box Number is Not Acceptable)  FL Zig Code 47  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
WEAR, DANNY LEE  311 PINE GLEN WAY ENGLEWOOD, FL 34223  Street Address (P.O. Box Number is Not Acceptable)  FL Zig Code 47  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
WEAR, DANNY LEE 311 PINE GLEN WAY ENGLEWOOD, FL 34223  Street Address (P.O. Box Number is Not Acceptable)  FL Zig Code 47  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
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.
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the obligations of registered agent.
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating)  DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P Delete TITLE Change Addition  NAME WEAR, DANNY LEE NAME
NAME WEAR, DANNY LEE  STREET ADDRESS 311 PINE GLEN WAY  STREET ADDRESS 207 CADDY Rd
CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP ROTONDA West F1 33947
TITLE V Delete TITLE Change Addition NAME WEAR, STACY DIANE
STREET ADDRESS 311 PINE GLEN WAY STREET ADDRESS 207 CADDY Rd
CITY-SI-2P ENGLEWOOD, FL 34223 CITY-SI-2P ROTONDA West- FL 33947
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