


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90595 001 *****8.75
05-08-2006 90595 002 ***150.00

DOCUMENT # P04000134822	
1. Entity Name THE ROYAL HIJINX OF DUBB & OLAF, INC.	

Principal Place of Business 1540 HIGHLAND AVENUE PALM SHORES FL 32935 US	Mailing Address 2455 HONEYBROOK CREEK DRIVE PALM SHORES FL 32935 US
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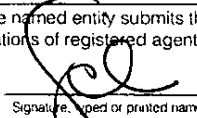
2. Principal Place of Business 1540 HIGHLAND AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State EAU GALIE, FL	City & State
Zip 32935	Country BREVARD

4. FEI Number 20-1683466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

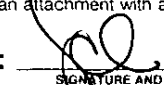
6. Name and Address of Current Registered Agent LONG, S CARLIN 2455 HONEYBROOK CREEK DRIVE PALM SHORES FL 32935	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

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  S. CARLIN LONG	PRESIDENT DATE 4-14-06

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, S CARLIN 2455 HONEYBROOK CREEK DRIVE PALM SHORES FL 32935 <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	D BAKER, JIMMY C 2455 HONEYBROOK CREEK DRIVE PALM SHORES FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  S. CARLIN LONG, PRESIDENT	DATE 4-14-06 (321)254-1451