2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145421

Entity Name: ROXANNE J DEAN, P.A.

FILED Aug 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3900 LAKE CENTRE DR - STE A-2 225 N OSCEOLA AVE MT DORA, FL 32757 INVERNESS, FL 34450

Current Mailing Address: New Mailing Address:

3900 LAKE CENTRE DR - STE A-2 225 N OSCEOLA AVE MT DORA, FL 32757 INVERNESS, FL 34450

FEI Number: 02-0732163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAWTHORNE, CANDACE A ESQ DEAN, ROXANNE J ESQ HAWTHORNE LAW FIRM, P.A. 225 N OSCEOLA AVE INVERNESS, FL 34450 US 319 E MAIN ST TAVARES, FL 34470 US

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: ROXANNE J DEAN 08/01/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

PSTD

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition DEAN, ROXANNE J Name: Name: DEAN, ROXANNE J 3900 LAKE CENTRE DR - STE A-2 225 N OSCEOLA AVE Address: Address:

City-St-Zip: MT DORA, FL 32757 City-St-Zip: INVERNESS, FL 34450

() Delete Title: VPD Title: VPD (X) Change () Addition Name:

DEAN, ROZANNE J Name: DEAN, ROXANNE J 3900 LAKE CENTRE DR - STE A-2 Address: 225 N OSCEOLA AVE Address: MT DORA, FL 32757 INVERNESS, FL 34450 City-St-Zip: 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: ROXANNE DEAN **PSTD** 08/01/2006