2006 FOR PROFIT CORPORATION ANNUAL REPORT

AECO

FILED May 03, 2006 8:00 am Secretary of State 04-18-2006 90091 038 ***150.00

DOCUMENT # P04000160184 1. Entity Name DEAN'S COMPUTER REPAIR, INC.						04-16-200	00 90091 038	130.00
Principal Place of Business Mailing Address]	0.0	3013938	
824 NW 6TH AVENUE		824 NW 6TH AVENUE				bt	2019999	
BOYNTON BEACH, FL 33426 US			BOYNTON BEACH, FL 33426 US					
					FIGURES I M	Dalii aran dam asm sal	ו מוצו ושונו נפוסט וווום פוצו כם	HANTON II TRAN
2. Principal P	lace of Business	3. Mailing Address						
an i to respect times at months					EUR BITH THIN POIN THI	ne minste dittis dillisi (1818) sette d	1 0 1003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272006	Chg-P	CR2E034 (11/05))
City & State		City & State			4. FEI Numb		· · ·	Applied For
City & State		City a State			20 - 12	127134	 	ict Applicable
Zip Country.		Zip	Zip Countr		5 Cortificate	of Status Desired	□ \$8.75 A	ditional
			<u> </u>		l		Fee Requir	ed
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered Agent	 -
DENNIS P. FLYNN, CPA, PA'				Notice				
3898 VIA POINCIANA				Street Address (P.O. Box Number is Not Acceptable)				
13								
LAKE WORTH, FL 33467				City			El Zip Co	
<u> </u>								
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 lamiliar with, and accept the obtaining of registered agent.								
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered apent and late if applicable (NOTE: Registered Apent agreeue when retreating) OATE								
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				ncing 🗀	\$5.00 May Be Added to Fees			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	3S IN 11
IIILE	P	☐ Delete	TATLE				Change	Addition
NAME STREET ADDRESS	DEAN, MICHAEL 824 NW 6TH AVENUE		NAM Stre	E ADORESS				
CHY-SI-ZIP	BOYNTON BEACH, FL 33426			-SI-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAM	•				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			_	-ST-ZIP				
NAME		Delete	TITUE				Сталде	Addition
STREET ADDRESS	1		1	EI ADDRESS				
CITY-ST-ZIP			CITY	-SI-ZIP				
ITTLE		☐ Delete	TITL				Change	Addition
NAME			HALE	- 1				
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -S1-ZIP				
TITLE		☐ Delete	IMI				☐ Change	Addition
HAME		□ vaat	HAM	1				
STREET ADDRESS				ET 400RESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Crty	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME CIDELL ADDRESS			MAM	ET ADORESS				
STREET ADDRESS CITY-ST-ZIP				-SI-ZIP				
<u> </u>					 			

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the recoveryor trustee empreyered 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 of the recovery of the corporation of the recovery of the recovery of the corporation of the recovery of the recov

SIGNATURE: Z

TURE AND DEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5616025169