


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90343 038 \*\*\*150.00

<b>DOCUMENT # P05000006332</b> 1. Entity Name BDAWN ENTERPRISES, INC.			
Principal Place of Business 2624 IVYDALE DRIVE DELTONA, FL 32725		Mailing Address 2624 IVYDALE DRIVE DELTONA, FL 32725	
2. Principal Place of Business 2640 IVYDALE DR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELTONA, FL.		City & State	
Zip 32725		Country USA	
4. FEI Number 20-2160083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SLUTSKY, ERWIN H 582 N. VOLUSIA AVE ORANGE, FL 32763		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILCOX, ROBERT 2624 IVYDALE DRIVE DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILCOX, ROBERT 2624 IVYDALE DRIVE DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILCOX, DAWN, M.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILCOX, ROBERT 2624 IVYDALE DRIVE DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILCOX, ROBERT 2624 IVYDALE DRIVE DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILCOX, DAWN, M.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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 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: <u>Robert Wilcox</u>		Date: <u>4/21/06</u>	