2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000017793 1. Entity Name DICKERSON ENTERTAINMENT, SPORTS AND SERVICES, INC						1-1LED 06 FEB 23 PM 4: 08				
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			Mailing Address 2702 MASSACHUSETTS AVE #174 PENSACOLA, FL 32505			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business 228 Mayamaire Ave Suite, Apt. #, etc.			3. Mailing Address P. o. B ed. 36342 Suite, Apt. #, etc.			02232006 Chg-P CR2E034 (11/05)				
City & State Pensacola, FL			City & State Pengacola, F		4. FEI Numb			- - 	plied For I Applicable	
	505	Country Escambia	325 OG	Cour	itry Escambia		of Status Desired		8.75 Add ee Required	
DICKERS 445 CONF TALLAHAS	ON, KENN RADI ST A	PT 18	Name Address of New Registered Agent Name Kenneth, Die Kerson Street Address (P.O. Box Number is Not Acceptable) 229 Agnanaine Rue							
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 Signature. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	I /CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	CEO	ON KENNETH D	☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	445 CON	ON, KENNETH R RADI ST APT 18 SSEE, FL 32304			EET ADORESS	03/0	'00067)8/06010	7378: 08024	397 **211	.25
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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 eath; 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: 470-251-5534										