

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P05000018103 1. Entity Name DINE, INC.	
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Principal Place of Business 1223 SE 47TH TERRACE #3 CAPE CORAL, FL 33904 US	Mailing Address 1223 SE 47TH TERRACE #3 CAPE CORAL, FL 33904 US
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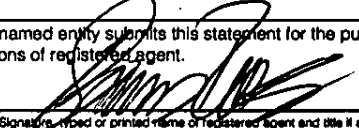
DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

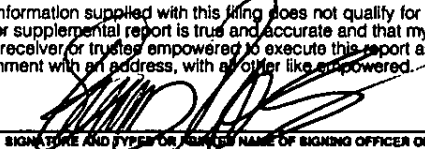
4. FEI Number 51-0534940	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAMOS, EDWARD 1223 SE 47TH TERRACE #3 CAPE CORAL, FL 33904
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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.	EDWARD RAMOS (NOTE: Registered Agent signature required when reinstating)	4-4-07 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, EDWARD 5358 MAYFAIR COURT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP READ, DANIEL 5352 MAYFAIR COURT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMOS, NANCY 5358 MAYFAIR COURT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP READ, IRENE 5352 MAYFAIR COURT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, EDWARD 5358 MAYFAIR COURT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READ, DAN 5352 MAYFAIR COURT CAPE CORAL, FL 33904

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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-4-07 Date	239-540-3564 Daytime Phone #