

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90237 008 \*\*\*158.75

|   |  |
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| <b>DOCUMENT # P05000036781</b>                        |  |
| 1. Entity Name<br><b>ASKDR.EASY ENTERPRISES, INC.</b> |  |



|   |   |
|---|---|
| Principal Place of Business<br><b>% PATRICK K. DIXON<br/>10317 N.E. 2ND AVE.<br/>MIAMI SHORES, FL 33138</b> | Mailing Address<br><b>% PATRICK K. DIXON<br/>10317 N.E. 2ND AVE.<br/>MIAMI SHORES, FL 33138</b> |
|---|---|

|   |                                       |
|---|---------------------------------------|
| 2. Principal Place of Business<br><b>As Above</b> | 3. Mailing Address<br><b>As Above</b> |
|---|---------------------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



01042006 Chg-P CR2E034 (11/05)

|                                 |  |
|---------------------------------|--|
| FBI Number<br><b>16-1721596</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|--|

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|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent<br><b>DIXON, PATRICK<br/>% PATRICK K. DIXON<br/>10317 N.E. 2ND AVE.<br/>MIAMI SHORES, FL 33138</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Patremanda Gardiner</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10317 NE 2nd Ave</b><br>City <b>Miami Shores</b> FL Zip Code <b>33138</b> |  |
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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.<br>SIGNATURE <b>Patremanda Gardiner</b> <b>Patremanda Gardiner</b> <b>2/5/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>DIXON, PATRICK J<br>10317 N.E. 2ND AVE<br>MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVD<br>GARNER, THEODORE T<br>1381 S.W. 104 AVE<br>PEMBROKE PINES, FL 33025 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SVD<br>Patremanda Gardiner<br>10317 NE 2nd Ave<br>Miami Shores, Fla. 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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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 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. |  |
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| SIGNATURE: <b>Patrick Dixon PTD</b> <b>Patrick DIXON PTD</b> <b>2/5/06</b> <b>305-754-6724</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date<br><b>2/5/06</b> | Daytime Phone #<br><b>305-754-6724</b> |
|---|-----------------------|--|