## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 12, 2007 08:00 AM Secretary of State DOCUMENT # P05000036781 1. Entity Name ASKDR.EASY ENTERPRISES, INC. Mailing Address Principal Place of Business % PATRICK K. DIXON % PATRICK K. DIXON 10317 N.E. 2ND AVE. 10317 N.E. 2ND AVE. MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 No Chg-P CR2E034 (11/05) 01092007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 76-1721596 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARDINER, PATREMANDE DO NOT WRITE 10317 N.E. 2ND AVE. MIAMI SHORES, FL 33138 IN THIS SPACE 3. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TILE DIXON, PATRICK J NAME 10317 N.E. 2ND AVE STREET ADDRESS MIAMI SHORES, FL 33138 CRY-ST-ZIP SVD TITLE 000000584037 01/12/07-80020-010 150.00 GARDINER, PATREMANDE NAME STREET ADDRESS 10317 NE 2ND AVE CITY-SY-ZIP MIAMI SHORES, FL 33138 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE गग्रह NAME STREET ADDRESS CITY-ST-ZIP

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 cath; 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:

IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME SZERGIA TERRES CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

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