2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000088203

1. Entity Name

DRAGONFLY ROSE ENTERPRISES, INC.



Principal Place of Business

1450 WILSON ROAD CLEARWATER, FL 33755

HS

Mailing Address

1450 WILSON ROAD

CLEARWATER, FL 33755 J

US

FILED Apr 18, 2007 08:00 AM Secretary of State



04092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3027121

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHADD, KATHLEEN R 1450 WILSON ROAD CLEARWATER, FL 33755

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

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	named entity submits this statement for the pations of registered agent.	ourpose of changing its registered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and acce
SIGNATURE.				DATE
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered Agent signatu	re required when reinstading)	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
10.	9. OFFICERS AND DIRECTORS			
TITLE	PD			
NAME	SHADD, DAVID N			
STREET ADDRESS	1450 WILSON ROAD			
CITY-ST-ZIP	CLEARWATER, FL 33755	<u>'</u> _=		
TITLE	VSTD	_		
NAME	SHADD, KATHLEEN R			U00000714891
STREET ADDRESS	1450 WILSON ROAD			04/27/07-80041-015 158.00
CITY-ST-ZIP	CLEARWATER, FL 33755			
TITLE				•
NAME				
STREET ADDRESS	1		DO	NOT MOITE

DO NOT WRITE IN THIS SPACE

TITLE
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 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.

CIGNATURE. Kataleer R

Allen R Shade 4/14/07