


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-09-2006 90013 023 ***150.00

DOCUMENT # P05000153456					
1. Entity Name DOROTHY'S B.I.O., INC.					
Principal Place of Business 12601 E. HIGHWAY 40 SILVER SPRINGS, FL 34488			Mailing Address 12601 E. HIGHWAY 40 SILVER SPRINGS, FL 34488		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3815962	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROMAN, DOROTHY 12601 E. HIGHWAY 40 SILVER SPRINGS, FL 34488				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-electing)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: <i>Dorothy Roman</i>			Date: <i>8-3-06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			Daytime Phone #		