2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 23, 2006 8:00 am Secretary of State

DOCUMENT # P05000158241 1. Entity Name D. E. FOULKES, INC.							06-23-2006 90009 010 ***150.00				
Principal Place of Business 9618 LITTLE RIVER DRIVE MIAMI, FL 33147			Mailing Address 9618 LITTLE RIVER DRIVE MIAMI, FL 33147					• • •			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06032006	Chg-P	CR2E034	(11/05)	
City & State			City & State				4. FEI Numb	er		<u> </u>	plied For t Applicable
Zip	Country			Zip Cour		try	5. Certificate	of Status Desired		B.75 Add e Require	
-6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
FOULKES, DELMA E 9618 LITTLE RIVER DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33147										11111.2.2	
						City			FL	Zip Cod	9
	ions of regis	ly submits this statement fo tered agent. I or printed name of registered agent is				ed office or registe	***	oth, in the State of Fk	orida. I am fan DATE	niliar with,	and accept
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Fina Trust Fund Contribution.						· _ +•	5.00 May Be ded to Fees	In accordance v corporation did	with s. 607.19 not receive t	93(2)(b), he prior r	F.S., the notice.
10.	OFFICERS AND DIRE			TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	IRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	4	S, DELMA E FLE RIVER DRIVE L 33147		☐ Delete					Γ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					С] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	1					☐ Change	Addition
12. I hereby of indicated of the corchanged,	certify that the on this reporporation or to or on an att	e information supplied with rt or supplemental report is he receiver or trustee empo achment with ap address, y	this fi true a wered th all	ling does not qualify fo and accurate and that r to execute this report other like empowered.	or the exe ny signa as requi	emptions containe ture shall have the red by Chapter 60	ed in Chapter 119 same legal effe 07, Florida Statute	9, Florida Statutes. I ct as if made under es; and that my nam	further certify cath; that I am e appears in E	that the ir an officer Block 10 or	or director Block 11 if