2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P94000029933** 04-23-2007 90081 033 ***150.00 DEAN INTERNATIONAL, INC. Principal Place of Business Mailing Address Ann co. 12019 SW 39TH TERR 12019 SW 39TH TERR MIAMI, FL 33175 MIAMI, FL 33175 CR2E034 (11/05) 01262007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0498135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAN, IAN R DO NOT WRITE 14532 SW 129 ST MIAMI, FL 33186 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPT TITLE DEAN, IAN R NAME 12019 SW 39TH TER STREET ADDRESS CITY-ST-ZIP MIAMI, FL nvs TITLE DEAN, ELISA M NAME STREET ADDRESS 12019 SW 39TH TER CITY-ST-ZIP MIAMI, FL TITLE SEC PRIES, OLGA NAME STREET ADDRESS 12019 SW 39TH TER DO NOT WRITE CITY-ST-ZIP MIAMI, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED