2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000003355

1. Entity Name
DPPR ENTERPRISES INC.

Principal Place of Business	Mailing Address
1067 N EDGEWOOD AVE JACKSONVILLE, FL 32254	1067 N EDGEWOOD AVE JACKSONVILLE, FL 32254

DO NOT WRITE IN THIS SPACE

01032006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3349851	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RHODES, PATRICIA A
1067 N EDGEWOOD AVE
JACKSONVILLE, FL 32254

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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 _____

Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2006 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RHODES, PATRICIA A
STREET ADDRESS	5111 BROADWAY AVE
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	V
NAME	PATEL, DINESH
STREET ADDRESS	4141 PHILLIPS WAY
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80122-023 150.00

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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: _____   1/3/06   904 78 110Y0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

PAT RHODES