## 2007 FOR PROFIT CORPORATION

## **FILED** May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P96000076762 DEREK DAWSON ENTERPRISES, INC. Principal Place of Business Mailing Address 800 PASADENA AVE S 800 PASADENA AVE S STE B STE B ST PETERSBURG, FL 33707 ST PETERSBURG, FL 33707 04032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3411201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DAWSON, DEREK G DO NOT WRITE 800 PASADENA AVE \$ SUITE B IN THIS SPACE ST PETERSBURG, FL 33707 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, 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 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DAWSON, DEREK G NAME 800 PASADENA AVE S STE B STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 a reducing synthesis of the compowered.

SIGNATURE:

STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR