2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000000238

1. Entity Name

NICOLE DEAN, INC.

Principal Place of Business	Mailing Address
3600 NE 170 ST #D-111 N MIAMI BEACH FL 33160	3600 NE 170 ST #D-111 N MIAMI BEACH FL 33160

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 65-0715826 — Applied F... / Not Applic...
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONELLA, RICHARD 3600 NE 170 ST #D-111 N MIAMI BEACH FL 33160	Name: Street Address (P.O. Box Number is Not Acceptable): 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 acc... 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.
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May ... Added to Fee...

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MONELLA, RICHARD STREET ADDRESS: 3600 NE 170 ST #D-111 CITY-ST-ZIP: N MIAMI BEACH FL 33160		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000523709 05/03/06-80084-006 150.00	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directo 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 1' if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Richy Monella_   4/16/06   (305)772-660: