

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90230 024 ***150.00

DOCUMENT # P97000075453 1. Entity Name DAKOTA ASSOCIATES, INC.			
Principal Place of Business 7901 SW 6TH CT STE 150 PLANTATION, FL 33324 US		Mailing Address 7901 SW 6TH CT STE 150 PLANTATION, FL 33324 US	
2. Principal Place of Business 8211 W. Broward Blvd. PH 2 Plantation, FL 33324		3. Mailing Address 8211 W. Broward Blvd. PH 2 Plantation, FL 33324	
4. FEI Number 65-0791177		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDENER, PETER C 7901 SW 6TH CT STE 150A PLANTAION, FL 33324		7. Name and Address of New Registered Agent Name 8211 W. Broward Blvd. Street Address (P.O. Box Num) PH 2 City Plantation, FL 33324	
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: <u><i>Peter C. Gardner</i></u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GARDNER, FRANK C 7901 SW 6TH CT, STE. 150 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8211 W. Broward Blvd. PH 2 Plantation, FL 33324 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GARDNER, PETER C 7901 SW 6TH CT, STE. 150 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8211 W. Broward Blvd. PH 2 Plantation, FL 33324 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Peter C. Gardner</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-20-06 954 727-9335 Date Daytime Phone #	