


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90048 050 \*\*\*150.00

DOCUMENT # P98000037978 1. Entity Name DIBBY, INC.	
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Principal Place of Business 1131 DADE ST QUINCY, FL 32351	Mailing Address 1131 DADE ST QUINCY, FL 32351
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**DO NOT WRITE IN THIS SPACE**



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3607916	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

MCMILLAN, WILLIAM N  
1131 DADE ST  
QUINCY, FL 32351

**DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, RODERICK K JR 4409 BROOKWOOD DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, MARY S 312 N 9TH ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, WILLIAM N JR 1131 DADE ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMILLAN, STUART B 1131 DADE ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHAW, RODERICK K III 1131 DADE ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *William N. McMillan* Pres. 1/23/06 850-815-1471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #