

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058352

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: ROBERT DEAN ENTERPRISES, INC.

## Current Principal Place of Business:

5670 SWAYING PALM LANE  
BOYNTON BEACH, FL 33437

## New Principal Place of Business:

5670 SWAYING PALM LANE  
BOYNTON BEACH, FL 33437 US

## Current Mailing Address:

5670 SWAYING PALM LANE  
BOYNTON BEACH, FL 33437

## New Mailing Address:

FEI Number: 65-0855115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALSTER, ALLEN  
5670 SWAYING PALM LANE  
BOYNTON BEACH, FL 33437 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALSTER, ALLEN  
Address: 5670 SWAYING PALM LANE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: ALSTER, FLORENCE  
Address: 5670 SWAYING PALM LANE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ALSTER, DEAN L  
Address: 5670 SWAYING PALM LANE  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN ALSTER

D

01/10/2006

Electronic Signature of Signing Officer or Director

Date