

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K67996

1. Entity Name

DUNWELL, INC.



FILED
Apr 19, 2006 08:00 AM
Secretary of State



Principal Place of Business
331 LAKEVIEW DRIVE, #106
106
FT. LAUDERDALE FL 33326
US

Mailing Address
331 LAKEVIEW DRIVE, #106
106
FT. LAUDERDALE FL 33326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
65-0106427

Applied For
Not Applicable

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

BLOMENDALE, CARL D.
331 LAKEVIEW DR 106
FT LAUDERDALE FL 33326

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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 Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BLOMENDALE, CARL D.
STREET ADDRESS 331 LAKEVIEW DRIVE #106
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE ☐ Change ☐ Addition
NAME U00000518034
STREET ADDRESS 05/01/06-80074-001 150.00
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BLOMENDALE, ROSEANN
STREET ADDRESS 331 LAKEVIEW DR #106
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: CARL D. BLOMENDALE
Carl D. Blomendale (Pres) 04-15-06 (954) 384-7482