


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5. FILED
Jun 15, 2006 8:00 am
Secretary of State

05-09-2006 90073 050 ***150.00

DOCUMENT # P01000109521
1. Entity Name
DUSLEN, INC.



Principal Place of Business Mailing Address
100 N BISCAYNE BLVD 700 E DANIA 100 N BISCAYNE BLVD BEACH BLVD
2904 2904
MIAMI, FL 33132 SUITE # 202 MIAMI, FL 33132 SUITE # 202
DANIA FL 33004 DANIA FL 33004

00010010



04082006 No Chg-P CR2E034 (11/05)

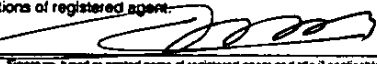
DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0002779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENICHAY, BRIGHT PATRICK DIVIES CPA PA
100 N BISCAYNE BLVD 700 E DANIA BEACH BLVD
2904 2904
MIAMI, FL 33132 SUITE # 202
DANIA FL 33004

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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 remaining) DATE: 6/12/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

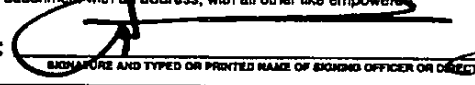
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GAD, LAURENT 18 BLU STE-BARDE ROSCOFF - FRANCE, 29600
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT GAD, MARIE-ANNIK 18 BLU STE- BARDE ROSCOFF-FRANCE, 29680
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 118, 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 empowerings.

SIGNATURE:  MGad. 2/04/06.
Date: 2/04/06. Daytime Phone #