2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P03000034285 04-27-2007 90178 001 ***150.00 ALL DUNN INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 6971 SW 27TH STREET 6971 SW 27TH STREET MIRAMAR, FL 33023 MIRAMAR, FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 41-2089081 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DUNN, VENESS** 6971 SW 27TH STREET Street Address (P.O. Box Number is Not Acceptable) MIRAMAR, FL 33023 Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition DUNN, DAVE NAME NAME STREET ADDRESS 6971 SW 27TH STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-ZIP TITLE VΡ TITLE **Z** Delete ☐ Change ☐ Addition NAME COLE, JULIET NAME STREET ADDRESS .6974 SW 27TH STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL. 33023 CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME DUNN, VENESS NAME **6971 SW 27TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

PAITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED