

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039484

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: ALL DUNN ASSISTANT LIVING, INC.

## Current Principal Place of Business:

5726 LINCOLN STREET  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

6971 SW 27TH STREET  
MIRAMAR, FL 33023

## New Mailing Address:

FEI Number: 20-4533145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNN, DAVE  
6971 SW 27TH STREET  
MIRAMAR, FL 33023 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: P ( ) Delete  
Name: DUNN, VENESS  
Address: 5726 LINCOLN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: DUNN, DAVE  
Address: 6971 SW 27TH STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: TR ( ) Delete  
Name: KELLIER-DUNN, FAITH  
Address: 8971 SW 27TH ST  
City-St-Zip: HOLLYWOOD, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: DUNN, DAVE A  
Address: 6971 SW 27TH STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: TR (X) Change ( ) Addition  
Name: KELLIER-DUNN, FAITH B  
Address: 1131 NW 130TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify 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: DAVE A DUNN

VP

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date