


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 307315 1. Entity Name DUNLAVEY REALTY, INC.						FILED 04 DEC 29 PM 12:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 311 NE 44TH ST FT LAUDERDALE, FL 33334				Mailing Address 311 NE 44TH ST FT LAUDERDALE, FL 33334					
2. Principal Place of Business		3. Mailing Address		08122004		Chg-P		CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1148851		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DUNLAVEY, JOSEPH T 311 NE 44TH ST FT LAUDERDALE, FL 33334				Name DANIEL M. DUNLAVEY Street Address (P.O. Box Number is Not Acceptable) 311 NE 44TH STREET City FORT LAUDERDALE FL Zip Code 33334					
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 <i>Daniel M. Dunlavy</i> Daniel M. Dunlavy 9/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNLAVEY, JOSEPH T 311 NE 44TH ST FT LAUDERDALE, FL 00000. <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNLAVEY, THOMAS J 311 NE 44TH ST FT LAUDERDALE, FL 00000. <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/V/D DUNLAVEY, THOMAS J. 311 NE 44TH STREET FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAVEY, DOROTHY K 311 NE 44TH ST FT LAUDERDALE, FL 00000. <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNLAVEY, DANIEL M 311 NE 44TH ST FT LAUDERDALE, FL 00000. <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DUNLAVEY, DANIEL M. 311 NE 44TH STREET FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Thomas J. Dunlavy</i> THOMAS J. DUNLAVEY S.T. VD 9/30/04 954-491-6665 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									