


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 353830</b> 1. Entity Name <b>LUND &amp; PULLARA INC</b>	
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Principal Place of Business <b>533 NORTHLAKE BLVD STE 1 NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>533 NORTHLAKE BLVD STE 1 NORTH PALM BEACH, FL 33408</b>
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01232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1290443</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>LINDA N. JAYNE 424 ALPINE ROAD WEST PALM BEACH, FL 33405</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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-STATE-ZIP	PS O'BRIEN, JILL 725 SW SALERNO ROAD STUART, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LYNN, LISA 4116 ILEX CR S PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP ROGERS, JOHN 1104 HARMONY WAY ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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02/01/07-80018-007 150.00

**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 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: Jill O'Brien JILL O'BRIEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 561-844-1142  
Date Daytime Phone #