


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90038 031 ***158.75

DOCUMENT # 375939

1. Entity Name
C.R. DUNN, INC.



Principal Place of Business
1202 POPE LANE
LAKE WORTH, FL 33460 US

Mailing Address
1202 POPE LANE
LAKE WORTH, FL 33460 US

40011033



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
c/o Mario G. de Mendoza, III, P.A.
12765 Forest Hill Blvd., #1302

01162008 Chg-P CR2E034 (12/06)

City & State
Wellington, Florida

4. FEI Number
59-1313393

Applied For
 Not Applicable

Zip
33414

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DUNN, CLYDE R
141 LONGFELLOW DR
PALM SPGS, FL 33480

7. Name and Address of New Registered Agent
 Name
Mario G. de Mendoza, III, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard
 Suite 1302
 City
Wellington FL Zip Code
33414

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 Mario G. de Mendoza, III, President DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when appointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
P	DUNN, CLYDE R	141 LONGFELLOW DR	PALM SPGS, FL 33460	<input type="checkbox"/>
VP	FITCH, CHARLES	6544 SYLVAN PLACE	HOBE SOUND, FL 33455	<input type="checkbox"/>
VP	DUNN, RUSSELL P	14156 6TH CT NORTH	LOXAHATCHEE, FL 33470	<input type="checkbox"/>
CFO	DUNN, KIMBERLY A	2590 BEDFORD MEWS DR	WELLINGTON, FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V/D	FITCH, CHARLES	6544 Sylvan Place	Hobe Sound, FL 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	DUNN, RUSSELL P	14156 6th Ct North	Loxahatchee, FL 33470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CFO/D/S/T	DUNN, KIMBERLY A	2590 Bedford Mews Dr.	Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: [Signature], Kimberly A. Dunn, Secretary Date 1-23-08 Daytime Phone # 561-585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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