


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 392247</b>	
1. Entity Name <b>DUNN BROTHERS, INC.</b>	

Principal Place of Business <b>220 S GRAVES RD (OFF ORANGE AVE) FT PIERCE, FL 34954</b>	Mailing Address <b>220 S GRAVES RD (OFF ORANGE AVE) FT PIERCE, FL 34954</b>
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02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1371357</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>DUNN, EARNEST R. 14105 ANGLE RD. FORT PIERCE, FL 34945</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000489910 04/18/06-80035-002 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, EARNEST R. 14105 ANGLE ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUNN CLEOPATRA B. 14105 ANGLE ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROLMANN, LAURA L. 2414 TAMARIND AVE. FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b> <u>Cleopatra B. Dunn</u>	<u>3-27-06</u>	<u>772-464-0793</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>