


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # 392247 1. Entity Name DUNN BROTHERS, INC.	
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Principal Place of Business 220 S GRAVES RD (OFF ORANGE AVE) FT PIERCE, FL 34954	Mailing Address 220 S GRAVES RD (OFF ORANGE AVE) FT PIERCE, FL 34954
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1371357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUNN, EARNEST R. 14105 ANGLE RD. FORT PIERCE, FL 34945
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**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**

U000000685032
04/06/07-80056-015 150.00

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.

SIGNATURE: Cleopatra B. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07
Date

Daytime Phone #

CLEOPATRA B. DUNN