2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743126

Entity Name: GULF DUNES, INC.

FILED Jun 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

460 GULF BLVD

BOCA GRANDE, FL 33921 US

Current Mailing Address: New Mailing Address:

4215 DEL PRADO BLVD.

CAPE CORAL, FL 33904 US

1135 W. SCHUBERT AVENUE
CHICAGO, IL 60614 US

FEI Number: 59-2752686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARUSO, GINGER L PRES.

4926 NORTH MELROSE AVENUE
TAMPA, FL 33629 US

DEBOEST, BLAKE L PRES.

1135 W. SCHUBERT AVENUE
CHICAGO, FL 60614 US

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.

City-St-Zip:

SIGNATURE: BLAKE L DEBOEST 06/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ST. PETERSBURG, FL 33706 US

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

WELLINGTON, FL 33414 US

Fitle: SEC () Delete Title: SEC (X) Change () Addition

Name: YOUNG, STANLEY, Name: AGARDY, JAN
Address: 5810 BIMINI WAY Address: 4748 GARDEN POINT TRAIL

Title: PRES () Delete Title: P/TR (X) Change () Addition Name: GINGER L. CARUSO, Name: DEBOEST, BLAKE

Address: 4926 NORTH MELROSE AVENUE Address: 1135 W. SCHUBERT AVENUE
City-St-Zip: TAMPA, FL 33629 US City-St-Zip: CHICAGO, IL 60614 US

Title: VP (X) Delete Title: () Change () Addition

 Name:
 MAURAN, LOUISE
 Name:

 Address:
 120 CONGDON ST
 Address:

 City-St-Zip:
 PROVIDENCE, RI 029061413 US
 City-St-Zip:

Title: VP/T (X) Delete Title: () Change () Addition

 Name:
 MICHAEL, MCMILLAN
 Name:

 Address:
 4215 DEL PRADO BOULEVARD
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLAKE L DEBOEST PRES 06/20/2007