


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 765730</b> 1. Entity Name <b>CLAN DUNBAR, INC.</b>	
--	---

Principal Place of Business <b>2555 WELLINGTON SOUTH CARSON CITY, NV 89703 US</b>	Mailing Address <b>2555 WELLINGTON SOUTH CARSON CITY, NV 89703 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>02-0408172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**DUNBAR, DAVID GORDON  
10155 COLLINS AVE  
APT #1606  
MIAMI, FL 33154**

**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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000862980 04/03/08-80072-019 61.25</b>
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKSEL, MATTHEW T 100 ELLINWOOD DR APT C-222 PLEASANT HILL, CA 94523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLUGSTON, NORMAN D 5202 BELLFLOWER BLVD LAKEWOOD, CA 90713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNBAR, ROBERT W 2555 WELLINGTON S CARSON CITY, NV 89703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNBAR, JEANNINE V 2555 WELLINGTON S CARSON CITY, NV 89703
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 617, 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:** Jeannine V Dunbar March 14/2008 (775-841-826)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #