

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 08, 2009  
Secretary of State

DOCUMENT# 765730

Entity Name: CLAN DUNBAR, INC.

**Current Principal Place of Business:**

2555 WELLINGTON SOUTH  
CARSON CITY, NV 89703 US

**New Principal Place of Business:**

2614 AURALIE DR.  
ESCONDIDO, CA 920257305 US

**Current Mailing Address:**

2555 WELLINGTON SOUTH  
CARSON CITY, NV 89703 US

**New Mailing Address:**

2614 AURALIE DR.  
ESCONDIDO, CA 920257305 US

FEI Number: 02-0408172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MAKSEL, MATTHEW T  
Address: 100 ELLINWOOD DR APT C-222  
City-St-Zip: PLEASANT HILL, CA 94523

Title: D ( ) Delete  
Name: CLUGSTON, NORMAN D  
Address: 5202 BELLFLOWER BLVD  
City-St-Zip: LAKEWOOD, CA 90713

Title: D ( ) Delete  
Name: DUNBAR, ROBERT W  
Address: 2555 WELLINGTON S  
City-St-Zip: CARSON CITY, NV 89703

Title: SD ( ) Delete  
Name: DUNBAR, JEANNINE V  
Address: 2555 WELLINGTON S  
City-St-Zip: CARSON CITY, NV 89703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MATTERN, JIM  
Address: 2614 AURALIE DR.  
City-St-Zip: ESCONDIDO, CA 920257305 US

Title: SD (X) Change ( ) Addition  
Name: MATTERN, SUSAN  
Address: 2614 AURALIE DR.  
City-St-Zip: ESCONDIDO, CA 920257305 US

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: MATTHEW T. MAKSEL

D

02/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date