

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90232 049 ***150.00

DOCUMENT # F96000005747

1. Entity Name
DUNHILL TEMPORARY SYSTEMS, INC.



Principal Place of Business
**9190 PRIORITY WAY W. DR.
SUITE 201
INDIANAPOLIS, IN 46240 US**

Mailing Address
**2665 S BAYSHORE DRIVE
SUITE 901
COCONUT GROVE, FL 33133 US**

50016876



2. Principal Place of Business		3. Mailing Address		03312006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 11-2580149	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARIVE, LAURA 2212 E 69TH STREET INDIANAPOLIS, IN 46220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARRY S. LOGAN 2665 S. BAYSHORE DR *901 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNZESCHEIMER, RICK 9190 PRIORITY WAY WEST DRIVE, #201 INDIANAPOLIS, IN 46240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN MILLS 2665 S. BAYSHORE DR *901 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOGAN, BARRY 1220 OBISPO AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KAREN SEKATA 9190 PRIORITY WAY WEST DRIVE *201 INDIANAPOLIS, IN 46240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREEMAN, ROBERT 8546 LAKE CLEARWATER INDIANAPOLIS, IN 46240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENENDEZ, ANA M 2665 S BAYSHORE DRIVE #901 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **4/4/06** **305 714-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #