


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90267 001 ***150.00
04-05-2006 90267 002 ***150.00

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| DOCUMENT # G55059 |  |
| 1. Entity Name DUNN ENTERPRISES, INC. | |

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| Principal Place of Business 668 E PROSPECT ROAD OAKLAND PARK, FL 33334 US | Mailing Address 3981 SW ALICE ST PORT SAINT LUCIE, FL 34953 US |
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| 2. Principal Place of Business 3117 MARAVILLA BLVD Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|---------------------------------------|----------------------------|
| City & State FT. PIERCE FL. | City & State |
| Zip 34982 | Country ST LUCIE |

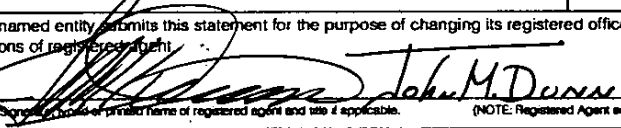
03292006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2324650 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DUNN, JOHN M. 668 E PROSPECT RD. OAKLAND PARK, FL 33334 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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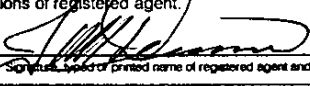

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|---|---------------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 3-29-06 |

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| 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 | PD DUNN, JOHN M. 668 EAST PROSPECT ROAD OAKLAND PARK, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUNN John M. 3981-SW ALICE ST. PORT ST. LUCIE FL. 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUNN, JOHN A 3117 MARAVILLA BLVD FT PIERCE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|---|----------------------------------|
| 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:  | DATE 3/29/06 934-520-5555 |

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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|---|---|-----------------------------|--|---|--|---|--|
| DOCUMENT # G55059 1. Entity Name DUNN ENTERPRISES, INC. | | | |  | | <p style="font-size: 1.5em; font-family: cursive;">Attachment</p> <p style="font-size: 1.2em; font-family: cursive;">66008664</p> <div style="background-color: black; width: 150px; height: 30px; margin: 10px auto;"></div> | |
| Principal Place of Business 668 E PROSPECT ROAD OAKLAND PARK, FL 33334 US | | | | Mailing Address 3981 SW ALICE ST PORT SAINT LUCIE, FL 34953 US | | | |
| 2. Principal Place of Business 3117 MARAVILLA BLVD | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Fort Pierce FL | | | | City & State Suite, Apt. #, etc. | | | |
| Zip 34982 | | Country ST. Lucie | | Zip Country | | 4. FEI Number 59-2324650 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DUNN, JOHN M. 668 E PROSPECT RD. OAKLAND PARK, FL 33334 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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  John M. Dunn | | | | DATE 3-29-06 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUNN, JOHN A 3117 MARAVILLA BLVD FT PIERCE, FL | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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:  J.M. Dunn | | | | Date 3/29/06 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # 954 520 5335 | | | |