2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

DOCUMENT # H53422 1. Entity Name DENUNE, INC.						Feb 09, 20 04 0 8:00 AM Secretary of State
Principal Place of Business 9498 SUN POINTE DR. BOYNTON BEACH FL 33437			Mailing Address DENUNE P.O BOX 243160 BOYNTON BEACH FL 33424-3160		3160	
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State			City & State		<u> </u>	4. FEI Number 59-2643163 Applied For Not Applicable
ZIP	Zip Country		Zip Country		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent
949	RN, DUDL 8 SUN PO YNTON B	LEY D. DINTE DR. BEACH FL 33437			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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature regulated whon reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	15	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I	DLEY D. POINTE DR. I BEACH FL	☐ Defete	- 1	_	☐ Change ☐ Addition U00000042481 02/10/04-80028-012 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP			□ Dokute		}	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	3		☐ Change ☐ Addition
TIBLE NAME STREET ADORESS CITY+ST-ZEP			☐ Delete		1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			□ Delete	3	3	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CH	RE EFT ADDRESS (-S1-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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.						

FILED