2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** DOCUMENT # H53422 Jan 31, 2006 08:00 AN 1. Entity Name **Secretary of State** DENUNE, INC. Principal Place of Business Mailing Address DENUNE 9498 SUN POINTE DR. P.O BOX 243160 **BOYNTON BEACH FL 33437** BOYNTON BEACH FL 33424-3160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2643163 Not Applicat Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORN, DUDLEY D. Street Address (P.O. Box Number is Not Acceptable) 9498 SUN POINTE DR. **BOYNTON BEACH FL 33437** City 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 acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fac Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TiTLE Change ☐ Add U00000409195 HORN, DUDLEY D. NAME MAME 02/08/06-80089-014 150.00 STREET ADDRESS 9498 SUN POINTE DR. STREET ADGRESS CITY-ST-ZIP BOYNTON BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Channe □ Add NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ A₁ Change NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TOTLE ☐ Change ☐ Añi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change DA∷ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY - ST - 71P TITLE Delete ITILE ☐ Change A. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 directly 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

if changed, or on an attachment with an address, with all other like empowered. TYPED OR PRINTED NAME OF SIGNING OFFICER OF