2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered

RIN ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \(\)

Jul 23, 2008 8:00 am Secretary of State DOCUMENT # H53422 1. Entity Name 07-23-2008 90016 030 ***550.00 DENUNE, INC. Principal Place of Business Mailing Address 9498 SUN POINTE DR. DENUNE **BOYNTON BEACH FL 33437** P.O BOX 243160 BOYNTON BEACH FL 33424-3160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State 4. FEI Number Applied For 59-2643163 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HORN, DUDLEY D. 9498 SUN POINTE DR. **BOYNTON BEACH FL 33437** 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. (NOTE Registered Agent 6 FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE Delete TITLE **Change** ☐ Addition HORN, DUDLEY D. NAME HORN, DUDLEY D. NAME 3806 MATCH ROAD STREET ADDRESS STREET ADDRESS 9498 SUN POINTE DR. BOYNTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete nn a ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY-ST-ZIF ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Daytime Phone #