

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90005 026 \*\*\*558.75

<b>DOCUMENT # J76293</b>					
1. Entity Name <b>EAST DUNE LANE CORPORATION</b>					
Principal Place of Business <b>% JOHN C. DOTTEBERRER 125 WORTH AVE, STE 310 PALM BEACH, FL 33480</b>			Mailing Address <b>% JOHN C. DOTTEBERRER 125 WORTH AVE, STE 310 PALM BEACH, FL 33480</b>		
2. Principal Place of Business <b>33 OCEAN AVENUE,</b>			3. Mailing Address <b>33 OCEAN AVENUE</b>		
Suite, Apt. #, etc. <b>APT. 512</b>			Suite, Apt. #, etc. <b>APT 512</b>		
City & State <b>PALM BEACH SHORES FL</b>			City & State <b>PALM BEACH SHORES, FL</b>		
Zip <b>33404</b>		Country <b>USA</b>		4. FEI Number <b>65-0008327</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>RABIDEAU, GUY 50 COCONUT ROW SUITE 220 PALM BEACH, FL 33480</b>			7. Name and Address of New Registered Agent Name <b>GUY RABIDEAU</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 ROYAL PALM WAY, SUITE 410</b> City <b>PALM BEACH</b> FL Zip Code <b>33480</b>		
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  <b>GUY RABIDEAU</b> DATE <b>5/25/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DONNELLY, JOHN CHARLES 33 OCEAN AVE, APT 512 PALM BEACH SHORES, FL 33404 <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	VD TAYLOR, LAURA DONNELLY P.O. BOX 1022 N/A EAST HAMPTON, NY 11937 <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	VD DONNELLY, WILLIAM S. 630 CURTISWOOD DRIVE KEY BISCAYNE, FL 33149 <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	S DONELLY, LAURA PO BOX 1022 EAST HAMPTON, NY 11937 <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		
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 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 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:  <b>JOHN CHARLES DONNELLY</b> DATE <b>5/25/04</b> <small>Signature and typed or printed name of signing officer or director</small> Daytime Phone # <b>(561) 844-0400</b>					

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