

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # K67996

1. Entity Name
DUNWELL, INC.



Principal Place of Business
**331 LAKEVIEW DRIVE, #106
106
FT. LAUDERDALE, FL 33326 US**

Mailing Address
**331 LAKEVIEW DRIVE, #106
106
FT. LAUDERDALE, FL 33326 US**



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0106427	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLOMENDEALE, CARL D.
331 LAKEVIEW DR 106
FT LAUDERDALE, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BLOMENDEALE, CARL D.**
STREET ADDRESS **331 LAKEVIEW DRIVE #106**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33326**

TITLE **S**
NAME **BLOMENDEALE, ROSEANN**
STREET ADDRESS **331 LAKEVIEW DR #106**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000717008
04/30/07-80030-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Carl D. Blomendale / CARL D. BLOMENDEALE 04-12-07/954384-7482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #