

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43030

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: DUNHILL MANAGEMENT CORP.

## Current Principal Place of Business:

520 NORTH SEMORAN BOULEVARD  
SUITE 222  
ORLANDO, FL 32807 US

## New Principal Place of Business:

## Current Mailing Address:

520 NORTH SEMORAN BOULEVARD  
SUITE 222  
ORLANDO, FL 32807 US

## New Mailing Address:

FEI Number: 59-2984872

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, MARIO  
400 FERNCREEK AVE  
ORLANDO, FL 32805 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPAS ( ) Delete  
Name: COHN, M. S.  
Address: 530 E. CENTRAL #804  
City-St-Zip: ORLANDO, FL 32801

Title: DVPS ( ) Delete  
Name: WINTERS, ROBERT D  
Address: 1271 AVALON BLVD.  
City-St-Zip: CASSELBERRY, FL 32707

Title: T ( ) Delete  
Name: WINTERS, ROBERT D  
Address: 1271 AVALON BLVD.  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. S. COHN

DPAS

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date