
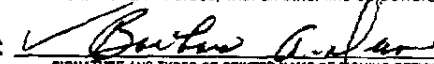


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000068182</b>			
1. Entity Name <b>DUN ENTERPRISES OF ORLANDO, INC.</b>			
Principal Place of Business <b>2049 COUNTRYSIDE CIRCLE N ORLANDO, FL 32804</b>	Mailing Address <b>2049 COUNTRYSIDE CIRCLE N ORLANDO, FL 32804</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3736568</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>DUN, BARBARA A 2049 COUNTRYSIDE CIRCLE N ORLANDO, FL 32804</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000471036 03/23/06-80037-022 150.00	
TITLE	D		
NAME	DUN, BARBARA A		
STREET ADDRESS	921 VENTURA AVE		
CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE			
NAME		<b>DO NOT WRITE IN THIS SPACE</b>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: 		3/15/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	