2008 FOR PROFIT CORPORATION

Mar 28, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P01000068182 03-28-2008 90045 035 ***150.00 1. Entity Name DUN ENTERPRISES OF ORLANDO, INC. Principal Place of Business Mailing Address 50002316 2049 COUNTRYSIDE CIRCLE N 2049 COUNTRYSIDE CIRCLE N ORLANDO, FL 32804 ORLANDO, FL 32804 3. Mailing Address P. O. Box 2028 2. Principal Place of Business - No P.O. Box # 921 Ventura Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number Orlando, FL Orlando, 59-3736568 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32804-7035 U.S.A. 32802 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Laura D. Jones DUN, BARBARA A Street Address (P.O. Box Number is Not Acceptable) 921 Ventura Avenue 2049 COUNTRYSIDE CIRCLE N ORLANDO, FL 32804 City 32804-7035 Orlando 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 Signature, typed or printed name of registered agent and f applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Addition X Delete Change NAME DUN, BARBARA A NAME Jones, Laura D. 2049 COUNTRYSIDE CIRCLE N STREET ADDRESS STREET ADDRESS 921 Ventura Avenue ORLANDO, FL 32804 CITY-ST-ZIP CITY-ST-ZIP <u>Orlando, FL 32804-7035</u> TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: __

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF CER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change

■ Addition

FILED