2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 28, 2008 08:00 Al Secretary of State DOCUMENT # P01000080278 DUNRIGHT SERVICES, INC. Principal Place of Business Mailing Address C/O BEAKESBERG & CO 951 SW 4 TH AVE BOCA RATON, FL 33432 951 SW 4TH AVE BOCA RATON, FL 33432 CR2E034 (11/05) 03142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1141977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLAKESBERG, JON D DO NOT WRITE 951 SW 4TH AVE. BOCA RATON, FL 33432 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) Signature, typed or printed name of registered agent and kille if applicable 0000000872588 9. Election Campaign Financing \$5.00 May Be 04/10/08-80045-017 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE NAME MARTINO, JAMES A 951 SW 4 TH AVE. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 acdress, with all other like empowered.

AND LYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #