2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 A Secretary of State

(239) 277-0889

Daytime Phone #

ANNUAL KEPUK I				Apr 14, 2000 00.		
DOCUMENT # P0100012008 1. Entity Name CHAR DUMAIS, AP, DOM, INC.		7				Secretary of S
Principal Place 2050 COLLIE 101 FT. MYERS, F	ER AVE	Mailing Address 2050 COLLIER AVE 101 FT. MYERS, FL 33901			B	DI HEND HAN OTEN BETTI KAN NIH MEHATI NI SER
DO NOT WRITE IN THIS SPA			CE	04062008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	istered Agent	1			
DUMAIS, CHARLOTTE M 2050 COLLIER AVE 101 FT. MYERS, FL 33901			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 - C-Aarbotte M. Numais Signeture, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						4/4/08 DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees	U0000 04/24/08	0894456 3-80029-003 150.00
10.	OFFICERS AND DIF	ECTORS	-			
NAME STREET ADDRESS CITY-ST-ZIP	DUMAIS, CHARLOTTE M 2050 COLLIER AVE #101 FT. MYERS, FL 33901					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE
TITLE NAME STREET ADDRESS	,					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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.

Latte M. M. M. M. L. M. M. L. OR DERECTOR DIRECTOR