



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000009112</b>			
1. Entity Name <b>DULONG INVESTMENTS, INC.</b>			
Principal Place of Business <b>13539 FOUNTAIN VIEW BLVD WELLINGTON, FL 33414</b>	Mailing Address <b>12514 SHORELINE DR WEST PALM BEACH, FL 33414</b>	<div style="font-size: 2em; font-weight: bold;">40116822</div> <div style="text-align: center;"></div> <div>05102007    No Chg-P    CR2E034 (11/05)</div>	
<div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>		4. FEI Number <b>50-0008276</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORRIS, ROBERT R 685 ROYAL PALM BCH BLVD STE 205 ROYAL PALM BCH, FL 33411</b>		<div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		<div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, EUGENE 13539 FOUNTAIN VIEW BLVD WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, HUGH 13539 FOUNTAIN VIEW BLVD WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE: 		05-14-2007    561-7939661	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date    Daytime Phone #</small>	