

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 050 ***158.75

DOCUMENT # P02000009112

1. Entity Name
DULONG INVESTMENTS, INC.



Principal Place of Business
**13539 FOUNTAIN VIEW BLVD
WELLINGTON, FL 33414**

Mailing Address
**12514 SHORELINE DR
WEST PALM BEACH, FL 33414**

DO NOT WRITE IN THIS SPACE



05222008 No Chg-P CR2E034 (11/05)

4. FEI Number 50-0008276	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORRIS, ROBERT R
685 ROYAL PALM BCH BLVD STE 205
ROYAL PALM BCH, FL 33411**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADY, EUGENE 13539 FOUNTAIN VIEW BLVD WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADY, HUGH 13539 FOUNTAIN VIEW BLVD WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE BRADY

05-22-2008

Date

561-7939661

Daytime Phone #