



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90068 020 ***150.00

DOCUMENT # P02000103068 1. Entity Name DUNOTTAR ESTATES, INC.					
Principal Place of Business 1858 RINGLING BLVD. SARASOTA, FL 34236			Mailing Address 1858 RINGLING BLVD. SARASOTA, FL 34236		
2. Principal Place of Business 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota, Fl. Zip 34236		3. Mailing Address 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota, Fl. Zip 34236			
4. FEI Number 56-2298876		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLENDINNING, RENE M CPA 1858 RINGLING BLVD. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite 801 City Sarasota FL Zip Code 34236		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CAMPBELL, HELEN STREET ADDRESS 1858 RINGLING BLVD. CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1990 Main Street, Suite 801 Sarasota, Fl. 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MCCLURG, CRAIG STREET ADDRESS 1858 RINGLING BLVD. CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1990 Main Street, Suite 801 Sarasota, Fl. 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME GLENDINNING, RENE M STREET ADDRESS 1858 RINGLING BLVD. CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1990 Main Street, Suite 801 Sarasota, Fl. 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rene M. Glendinning</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/14/06</u> (941) 365-4617 <small>Daytime Phone #</small>		