

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Dec 24, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P03000002234					
1. Entity Name HM BUNNER COUNTER SURVEILLANCE, INC.					
Principal Place of Business 4070 TYNDEL CREEK PLACE JACKSONVILLE, FL 32223			Mailing Address 4070 TYNDEL CREEK PLACE JACKSONVILLE, FL 32223		
2. Principal Place of Business - No P.O. Box # 825 SPRING LAKE RD Suite, Apt. #, etc.		3. Mailing Address 825 SPRING LAKE RD Suite, Apt. #, etc.			
City & State ALTAMONTE SPRINGS Zip 32701 Country SEMINOLE		City & State ALTAMONTE SPRINGS Zip 32701 Country SEMINOLE		4. FEI Number 06-1670061 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BUNNER, HOWARD M 4070 TYNDEL CREEK PLACE JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent Name BUNNER HOWARD M Street Address (P.O. Box Number is Not Acceptable) 825 SPRING LAKE RD City ALTAMONTE SPRINGS FL Zip Code 32701		
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 <u>Howard M Bunner</u> DIRECTOR 12-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	D BUNNER, HOWARD M 4070 TYNDEL CREEK PLACE JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNNER HOWARD M 825 SPRING LAKE RD ALTAMONTE SPRINGS FL 32701 <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	400113428194 12/27/07--01017--013 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 12/24/07 <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>Howard M Bunner</u> DIRECTOR 11-20-07 904-477-8110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					