

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


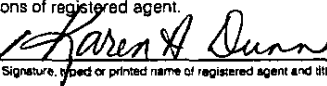
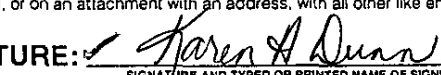
**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90057 038 \*\*\*150.00

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03222004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000012250</b>			
1. Entity Name KAREN A DUNN, P.A.			
Principal Place of Business 2345 MAGNOLIA LANE #12 NAPLES, FL 34112		Mailing Address 2345 MAGNOLIA LANE #12 NAPLES, FL 34112	
2. Principal Place of Business 713 Regency Reserve Suite, Apt. #, etc. # 5901		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34119	Country US	Zip	Country
4. FEI Number 75-3098304		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUNN, KAREN A 2345 MAGNOLIA LANE #12 NAPLES, FL 34112		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 713 Regency Reserve # 5901 City Naples FL Zip Code 34119	
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:  KAREN A DUNN DATE: 3-21-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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	PVST DUNN, KAREN A 2345 MAGNOLIA LANE #12 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	713 Regency Reserve #5901 Naples, FL 34119 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  KAREN A DUNN		DATE: 3-21-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	