04/19/2006 15:43 2399391283 FORRESTER HA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90351 044 ***150.00

DOCUMENT # P03000012250

1. Entity Name
KAREN A DUNN, P.A.

40073281

Principal Place of Business	Mailing Address
~~713 REGENCY RESERVE #5901~~	~~713 REGENCY RESERVE~~ #5901
~~NAPLES, FL 34119~~	~~NAPLES, FL 34119~~

04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
180 Lambton Lane	180 Lambton Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number 75-3098304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, KAREN A
713 ~~REGENCY~~ RESERVE #5901
NAPLES, ~~FL 34119~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 180 Lambton Lane
City: Naples FL FL Zip Code 34104

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 KAREN A DUNN 4-26-06
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRES DUNN, KAREN A 713 ~~REGENCY RESERVE~~ #5901 NAPLES, ~~FL 34119~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	180 Lambton Lane Naples FL 34104	☒ Change ☐ Addition
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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: Karen A Dunn KAREN A DUNN 4/26/06 239-248-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #