**2006 FOR PROFIT CORPORATION** 

## **ANNUAL REPORT FILED** Jan 09, 2006 08:00 AN Secretary of State **DOCUMENT # P03000150499** STEWART DUNHAM, INC. Mailing Äddress Principal Place of Business 9007 BOYD RIVE 9007 BOYD RIVE NEW PORT RICHEY, FL 34654 **NEW PORT RICHEY, FL 34654** CR2E034 (11/05) 01042006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 77-0617387 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DUNHAM, STEWART 9007 BOYD DRIVE NEW PT RICHEY, FL 34654 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. IID F NAME DUNHAM, STEWART 9007 BOYD DRIVE STREET ADDRESS NEW PT RICHEY, FL 34654 CITY-ST-ZIP TITLE 01/11/06-80002-00/ 158.75 NAME STREET ADDRESS City - ST- ZiP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME

SIGNATURE:

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.

STREET ADDRESS. CITY-ST-ZIP