2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 A Secretary of State

ANNOAL REPORT				,		
DOCUMENT # P0400062456 1. Enbity Name DUNES PLAZA, INC.			Secretary of State			
Principal Place 2235 CRUMP WINTER HAVE		Mailing Address 2235 CRUMP RD WINTER HAVEN, FL 33881				
D	O NOT WRITE	CE	04262006 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent DONLEY, TERRY W 2235 CRUMP RD WINTER HAVEN, FL 33881				IN T	NOT WE	ACE
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 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 Finance Trust Fund Contribution.			incing \$5	.00 May Be led to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONLEY, TERRY W 2235 CRUMP RD WINTER HAVEN, FL 33881	RECTORS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DONLEY, ROGER 2235 CRUMP RD WINTER HAVEN, FL 33881 VSTD				(100000 -05/10/06	541039 80042-012 150.00
NAME STREET ADDRESS CITY-ST-ZIP	PINNER, ERNIË S 2235 CRUMP RD WINTER HAVEN, FL 33881		<u> </u>		NOT WI	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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 of trustee expowered 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-26-04 Date

863-324-4864

Daytime Phone #