2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 26, 2005 8:00 am Secretary of State **DOCUMENT # P04000084324** 1. Entity Name 05-26-2005 90026 013 ***150.00 PETER DUNICK, INC. Principal Place of Business Mailing Address 16386 - 107TH DRIVE NORTH 16386 - 107TH DRIVE NORTH JUPITER, FL 33478 US JUPITER, FL 33478 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05182005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 93133662 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNICK, PETER J Street Address (P.O. Box Number is Not Acceptable) 16386 - 107TH DRIVE NORTH JUPITER, FL 33478 City Zip Code 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) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ☐ Addition NAME DUNICK, PETER J NAME STREET ADDRESS 16386 - 107TH DRIVE NORTH STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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