2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2006
Secretary of State

DOCUMENT# P04000084854

Entity Name: DORNING INC.

Current Principal Place of Business:

9595 COLLINS AVE - UNIT 404(N)
SURFSIDE, FL 33154 US

New Principal Place of Business:

9595 COLLINS AVE - UNIT 202(N)
SURFSIDE, FL 33154 US

Current Mailing Address:

9595 COLLINS AVE - UNIT 404(N)
SURFSIDE, FL 33154 US

New Mailing Address:

9595 COLLINS AVE - UNIT 202(N)
SURFSIDE, FL 33154 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MR ( ) Delete
Name: ESTERKIN, EUGENE B MR
Address: 9595 COLLINS AVE - UNIT 404(N)
City-St-Zip: SURFSIDE, FL 33154

Title: MRS ( ) Delete
Name: ESTERKIN, SARA D MRS
Address: 9595 COLLINS AVE - UNIT 404(N)
City-St-Zip: SURFSIDE, FL 33154`

Title: MISS ( ) Delete
Name: ESTERKIN, JADE E MISS
Address: 9595 COLLINS AVE - UNIT 404(N)
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ESTERKIN, EUGENE B MR
Address: 9595 COLLINS AVE - UNIT 202(N)
City-St-Zip: SURFSIDE, FL 33154

Title: VP (X) Change ( ) Addition
Name: ESTERKIN, SARA D MRS
Address: 9595 COLLINS AVE - UNIT 202(N)
City-St-Zip: SURFSIDE, FL 33154`

Title: SEC (X) Change ( ) Addition
Name: ESTERKIN, JADE E MISS
Address: 9595 COLLINS AVE - UNIT 202(N)
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE ESTERKIN PD 08/10/2006

Electronic Signature of Signing Officer or Director Date