


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90013 007 \*\*\*150.00

<b>DOCUMENT # P04000169669</b> 1. Entity Name <b>DANDEE DONUTS, INC.</b>			
Principal Place of Business <b>102 NORTH 28TH AVE HOLLYWOOD, FL 33020</b>		Mailing Address <b>102 NORTH 28TH AVE HOLLYWOOD, FL 33020</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03112008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2027926</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>CAUDELL, LAURA</b> <b>2650 GARFIELD ST.</b> <b>HOLLYWOOD, FL 33020</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<b>P</b> <b>CAUDELL, LAURA</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b> <b>Pucine, Laura</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2650 GARFIELD ST</b>		STREET ADDRESS	<b>2650 Garfield St.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>		CITY-ST-ZIP	<b>Hollywood, Fl. 33020</b>	
TITLE	<b>VP</b> <b>PUCLINE, FRANK A</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b> <b>Pucine, Frank A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2650 GARFIELD ST</b>		STREET ADDRESS	<b>2650 Garfield St</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>		CITY-ST-ZIP	<b>Hollywood, Fl. 33020</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *Laura Pucine* **3/12/08** **9549291118**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #