


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90201 016 ***155.00

DOCUMENT # P05000020585	
1. Entity Name DOUDOUNE INC.	

Principal Place of Business 18991 NORTH MIAMI AVENUE APT # 203 NORTH MIAMI BEACH, FL 33169 US	Mailing Address 18991 NORTH MIAMI AVENUE APT # 203 NORTH MIAMI BEACH, FL 33169 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

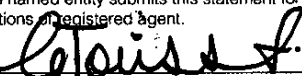


05012006 Chg-P CR2E034 (11/05)

4. FEI Number 20 2311209		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOUSSAINT, CHRISTINE 18991 N. MIAMI AVENUE APT # 203 MIAMI, FL 33169		Name N/A	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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  DATE **5/01/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUSSAINT, CHRISTINE	NAME	
STREET ADDRESS	18991 N. MIAMI AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169	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	
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:  DATE **5/1/06** 305 467 1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CGI Timeout

ATTACHMENT
40080711
#P05800020585

The specified CGI application exceeded the allowed time for processing. The server has deleted the process.

ATTACHMENT
40080711
#P0500020585 DOUDOUNE INC.
18991 N Miami Avenue
Suite 203
N Miami Beach, FL 33169

May 2, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

To Whom It May Concern:

Please accept My Annual Report for the year 2006. I was not able to renew within the time allowed because I had a system error after business hours. The error is attached.

If there's any reason why this may not be possible, please call me at 305 467 1152.

Regards,


Christine Toussaint