


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90039 003 \*\*\*150.00

<b>DOCUMENT # P05000086166</b> 1. Entity Name <b>CORBETT &amp; DUNHAM, INC.</b>					
Principal Place of Business <b>4703 BELDEN CIRCLE PALM HARBOR, FL 34685</b>			Mailing Address <b>4703 BELDEN CIRCLE PALM HARBOR, FL 34685</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>20-3003123</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; float: right;">Applied For</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 15px; float: right;">Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01182006    Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DUNHAM, ANGELA F 4703 BELDEN CIRCLE PALM HARBOR, FL 34685</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; float: right;"> <b>FL</b>    Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
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	<b>DUNHAM, ANGELA F</b>	NAME			
STREET ADDRESS	<b>4703 BELDEN CIRCLE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CORBETT, CYNTHIA H</b>	NAME			
STREET ADDRESS	<b>98 S. HIGHLAND AVE, # 2301</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TARPOON SPRINGS, FL 34689</b>	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 registered agent 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.					
<b>SIGNATURE:</b> <i>Angela Dunham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>President</b>		<b>3/2/06</b> <b>727-409-4910</b> <small>Date    Devine Phone #</small>	