

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAR 20 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000119610 1. Entity Name SCOTT D. DUNKLE, P.A. 121 South	
--	--

Principal Place of Business 300 NORTH ORANGE AVENUE SUITE 1295 Suite 1450 ORLANDO, FL 32801	Mailing Address 121 South 300 NORTH ORANGE AVENUE SUITE 1295 1450 ORLANDO, FL 32801
--	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3418784	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent 121 South DUNKLE, SCOTT 300 NORTH ORANGE AVENUE SUITE 1295 1450 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
------------------------------	---	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P DUNKLE, SCOTT 300 NORTH ORANGE AVENUE, SUITE 1295 1450 ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE	100095815611 04/04/07--01048--022 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 S.		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: Scott Dunkle Date: 3/16/07 Daytime Phone #: (407) 206-0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007 3/26