2007 FOR PROFIT CORPORATION

Mar 19, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P06000059447 03-19-2007 90088 039 ***150.00 1. Entity Name DUNCAN FENCE DESIGNS, INC. Principal Place of Business Mailing Address 113 WAYSIDE COURT 224|XBZTJEF![PV\$U R0024886 SANFORD, FL 32771 TEOOPSE!GM43882 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-4787060 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNCAN, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 113 WAYSIDE COURT SANFORD, FL 32771 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Change Addition TITLE ☐ Delete TITLE DUNCAN, MICHAEL S NAME NAME STREET ADDRESS 113 WAYSIDE COURT STREET ADDRESS SANFORD, FL 32771 CITY-\$1-ZIP CITY-ST-ZIP VSTD Delete TITLE ☐ Change ☐ Addition TITLE DUNCAN, JOHANNA T NAME NAME STREET ADDRESS 113 WAYSIDE COURT STREET ADDRESS SANFORD, FL 32771 CITY-ST-ZIP CDY-ST-ZIP THLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP ☐ Delete mis ☐ Change ■ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE Delete THLE Change Addition

12. Thereby 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 effect 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 file empowered.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

THILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST ZIP

OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone #

Change

Addition

FILED