

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000123262
 1. Entry Name
 DUNSHAW, INC.



Principal Place of Business
 22051 N. O'BRIEN ROAD
 HOWEY-IN-THE-HILLS, FL 34747

Mailing Address
 P.O. BOX 547853
 ORLANDO, FL 32802-7853

DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5698447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUFFIELD, W. CHARLES
 1000 LEGION PLACE
 SUITE 1700
 ORLANDO, FL 32801

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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

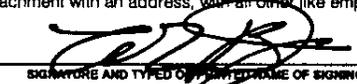
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRADSHAW, CHARLES E JR 22051 NORTH O'BRIEN RD HOWEY IN THE HILLS, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, LARRY B 110 ROSE BRAIR DR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000916143
 05/12/08-80017-003 150.00

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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 another like empowered.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/21/08 Daytime Phone # _____