

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000080426

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** EDWARD P. DUNNE & ASSOCIATES, INC

**Current Principal Place of Business:**

10820 NW 33RD STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

10820 NORTHWEST 33RD STREET  
CORAL SPRINGS, FL 330653515 US

**Current Mailing Address:**

10820 NW 33RD STREET  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

C/O GRUBER AND ASSOCIATES, P.A.  
6550 NORTH FEDERAL HIGHWAY, SUITE 522  
FORT LAUDERDALE, FL 333081417 US

**FEI Number:** 26-3267032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL ONLINE DIRECTORY, INC.  
9861 W. SAMPLE ROAD  
SUITE 196  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

DUNNE, EDWARD P  
10820 NORTHWEST 33RD STREET  
CORAL SPRINGS, FL 330653515 US

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.

SIGNATURE: EDWARD P. DUNNE

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUNNE, EDWARD P  
Address: 10820 NORTHWEST 33RD STREET  
City-St-Zip: CORAL SPRINGS, FL 330653515 US

Title: S  
Name: DUNNE, MICHELE  
Address: 10820 NORTHWEST 33RD STREET  
City-St-Zip: CORAL SPRINGS, FL 330653515 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD P. DUNNE

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date