
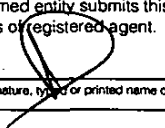
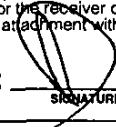


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90060 047 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P93000001316 1. Entity Name DUNKLEY & ASSOCIATES, P.A. | | | |  | |
| Principal Place of Business 14100 PALMETTO FRONTAGE DR 201 HIALEAH, FL 33016 US | | | Mailing Address 14100 PALMETTO FRONTAGE DR 201 HIALEAH, FL 33016 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 04122005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 65-0378562 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUNKLEY, LINDSAY 717 PONCE DE LEON BLVD., STE. 310 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Lindsay Dunkley Street Address (P.O. Box Number is Not Acceptable) 14100 Palmetto Frt. Rd. #201 City Miami Lakes FL Zip Code 33016 | | |
| 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 4/12/05 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P DUNKLEY, LINDSAY <input type="checkbox"/> Delete 14100 PALMETTO FRONTAGE DR # 201 MIAMI LAKES, FL 33016 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | Date 4/12/05 Daytime Phone # (305) 821-6232 | | |