
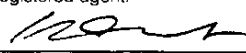
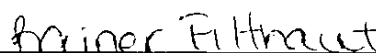
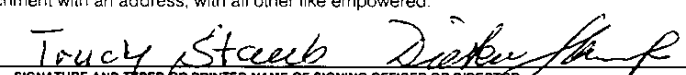


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000068292					
1. Entity Name DUST ENTERPRISES, INC.					
Principal Place of Business 3838 TAMiami TRAIL NORTH SUITE 416 NAPLES, FL 34103 US			Mailing Address 3838 TAMiami TRAIL NORTH SUITE 416 NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0524730	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
U.S. INVESTOR SERVICES, INC. 3838 TAMiami TRAIL NORTH SUITE 416 NAPLES, FL 34103-3010			Name IRC Investor Services LLC Street Address (P.O. Box Number is Not Acceptable) 3838 Tamiami Trail North, Suite 416 City Naples FL Zip Code 34103		
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 				4/20/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME STAUB, DIETER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3838 TAMiami TRAIL NORTH SUITE 416	CITY-ST-ZIP NAPLES, FL 34103		STREET ADDRESS	CITY-ST-ZIP 000103097300 05/23/07--01014--022 **61.25	
TITLE P	NAME STAUB, TRUDY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3838 TAMiami TRAIL NORTH SUITE 416	CITY-ST-ZIP NAPLES, FL 34103		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		4/20/07		239-213-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED

07 MAY 10 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03262007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0524730

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
U.S. INVESTOR SERVICES, INC.
3838 TAMiami TRAIL NORTH
SUITE 416
NAPLES, FL 34103-3010

7. Name and Address of New Registered Agent
Name **IRC Investor Services LLC**
Street Address (P.O. Box Number is Not Acceptable)
3838 Tamiami Trail North, Suite 416
City **Naples** **FL** Zip Code **34103**

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.

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	STAUB, DIETER	
STREET ADDRESS	3838 TAMiami TRAIL NORTH SUITE 416	
CITY-ST-ZIP	NAPLES, FL 34103	

TITLE	P	<input type="checkbox"/> Delete
NAME	STAUB, TRUDY	
STREET ADDRESS	3838 TAMiami TRAIL NORTH SUITE 416	
CITY-ST-ZIP	NAPLES, FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	000103097300	
CITY-ST-ZIP	05/23/07--01014--022 **61.25	

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.