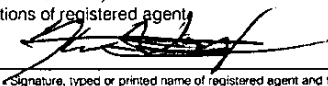


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90013 030 ***163.75

DOCUMENT # P94000069721 1. Entity Name DUNES CRACKER HOUSE, INC.					
Principal Place of Business 641 A1A SOUTH BEACH BLVD. SAINT AUGUSTINE, FL 32080 US			Mailing Address 641 A1A SOUTH BEACH BLVD. SAINT AUGUSTINE, FL 32080 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALEXANDER, STEPHEN J 19 OLD MISSION AVE ST. AUGUSTINE, FL 32084				Name Street Address (F.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;">  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VAHEY, KEVIN 40 JESSICA LYNF PL ST. AUGUSTINE, FL 32880 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VAHEY, JOANN 40 JESSICA LYND PL ST. AUGUSTINE, FL 32880 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 President <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	
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	
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	
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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 6-1-2006 <small>Date</small> </div> <div> 84746152 <small>Daytime Phone #</small> </div> </div>		

50021021



05122006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3368311

Applied For
Not Applicable

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

ATTACHMENT

50021021
~~#P94000069721~~

DIVISION OF COMPENSATION
PLEASE LET US JUST RECEIVE
THIS APPLICATION IN THE MAIL
AND SEND THEM OUT AS SOON
AS POSSIBLE THANK YOU

KEVIN VAUGHN
for me