2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE:

May 04, 2007 8:00 am Secretary of State **DOCUMENT # P96000022439** 05-04-2007 90079 049 ***150.00 764 DUNEDIN ASSOCIATES, INC. 40105226 Principal Place of Business Mailing Address 764 MAIN STREET 764 MAIN STREET DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4_Q MATHN Suite, Apt. #, etc. 02192007 CR2E034 (12/06) City & State 4. FEI Number Applied For 13-3908833 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAFLEY, MICHAEL K Street Address (P.O. Box Number is Not Acceptable) 2051 RANGE ROAD CLEARWATER, FL 34625 Zip Code 8. The above named exity 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition MARTIN SILVER MARTIN SILCREEK TSLAND LA 41 Indian Creek Village FL 33154 SILVER, MARTIN NAME NAME 71 S BEDFORD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MT KISCO, NY CITY-ST-ZIP GERALD W MATLIN 175 Sa LAKE Drive TITLE ☐ Delete TITLE MARTIN, GERALD NAME NAME STREET ADDRESS 71 S BEDFORD RD STREET ADDRESS STAMFULD CT CITY-ST-ZIP MT KISCO, NY CITY-ST-7IP TITLE Delete TITLE Change Addition NAME CIARLETTA, PERRY NAME STREET ADDRESS 71 SOUTH BEDFORD RD STREET ADDRESS CITY+ST-ZIP MT KISCO, NY CITY - ST - ZIP □ Defete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of this see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #