


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90278 031 ***150.00

DOCUMENT # P97000039870 1. Entity Name DUDLEY CAPITAL CORPORATION					
Principal Place of Business 1015 SPANISH RIVER ROAD OFFICE BOCA RATON, FL 33432			Mailing Address 4411 45TH ST OFFICE WEST PALM BEACH, FL 33407		
2. Principal Place of Business 4411 45th St.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Bch, FL		City & State			
Zip 33407		Country		Zip Country	
6. Name and Address of Current Registered Agent WHITMIRE, DRENNEN L JR 11780 US HWY ONE, SUITE 300 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 249 Royal Palm Way Suite 501 City Palm Bch FL Zip Code 33480		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	D SAUNDERS, DAVID M 1015 SPANISH RIVER ROAD BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David M. Saunders 4411 45th St. West Palm Bch, FL 33407
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ELBRIDGE S 50 GROVE STREET ARLINGTON, MA 02476	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: David M. Saunders **DAVID M SAUNDERS** 4/25/05 561 478-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #