
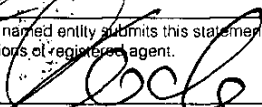
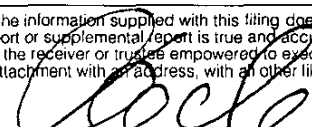


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90085 038 ***158.75

DOCUMENT # P97000053606 1. Entity Name THE DUDE COMPANY																															
Principal Place of Business 1000 NORTH CONGRESS AVE., STE H WEST PALM BEACH, FL 33409		Mailing Address 1000 NORTH CONGRESS AVE., STE H WEST PALM BEACH, FL 33409																													
2. Principal Place of Business - No P.O. Box # 970 N CONGRESS		3. Mailing Address 970 N. CONGRESS																													
Suite, Apt. #, etc. SUITE C		Suite, Apt. #, etc. SUITE C																													
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL																													
Zip 33409		Zip 33409																													
Country 		Country 																													
4. FEI Number 65-0773750		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired A		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent DUDE, HARALD 1000 NORTH CONGRESS AVE., STE H WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name DUDE, HARALD Street Address (P.O. Box Number is Not Acceptable) 1450 ENCLAVE CIR City WEST PALM BEACH FL Zip Code 33411																													
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:  HARALD DUDE 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME DUDE, HARALD STREET ADDRESS 1000 NORTH CONGRESS AVE., STE H CITY-ST-ZIP WEST PALM BEACH, FL 33409 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>		TITLE D NAME DUDE, HARALD STREET ADDRESS 1000 NORTH CONGRESS AVE., STE H CITY-ST-ZIP WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME DUDE, HARALD STREET ADDRESS 1450 ENCLAVE CIR CITY-ST-ZIP WEST PALM BEACH FL 33411 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>		TITLE D NAME DUDE, HARALD STREET ADDRESS 1450 ENCLAVE CIR CITY-ST-ZIP WEST PALM BEACH FL 33411	<input checked="" 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 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 an other like empowered.																															
SIGNATURE:  HARALD DUDE 4/17/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															

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