

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90287 009 ***158.75



MOORE CR2E034 (11/03)

DOCUMENT # P98000001260

1. Entity Name
DUNE DESIGN STUDIOS, INC.

Principal Place of Business
**1034 W. ARLINGTON ST
 ORLANDO FL 32805**

Mailing Address
**1034 W. ARLINGTON ST
 ORLANDO FL 32805**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

4. FEI Number **59-3547646** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KRASELSKY, MARK
 1034 W. ARLINGTON ST
 ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name **Mark Kraselsky**

Street Address (P.O. Box Number is Not Acceptable)
722 South Hughey Ave

City **Orlando** FL **32801**

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 *Mark Kraselsky* DATE **4/16/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	KRASELSKY, MARK
STREET ADDRESS	1034 W. ARLINGTON ST
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	D <input type="checkbox"/> Delete
NAME	KRASELSKY, JEFF
STREET ADDRESS	1034 W. ARLINGTON ST
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASELSKY, MARK
STREET ADDRESS	722 South Hughey Ave
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASELSKY, JEFF
STREET ADDRESS	722 South Hughey Ave
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mark Kraselsky* DATE **4/16/04** 407-236-0182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #