


2006 FOR PROFIT CORPORATION ANNUAL REPORT

EP DVNFOU!\$ P98000011653 2/ Entity Name KENNETH V. DUNSON, INC.	
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Principal Place of Business 2353!O!BEN!TU LEMB BTFF!QM43414!!!!!!VT	Mailing Address QPI!CPY!495: LEMB BTFF!QM43426!!!!!!VT
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3/ Principal Place of Business	4/ Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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7/ Obn f lboelBees t t lpgDvsf ouSf hjt d s e!Bhf ou DUNSON, KENNETH V 1242 N. ADAMS ST. TALLAHASSEE, FL 32303	8/ Obn f lboelBees t t lpgOf x iSf hjt d s e!Bhf ou Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code
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9/ 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS 150.00 Due by September 6, 2006	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> %6/11 NbzlCf i Beef elplG f t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNSON, KENNETH V P.O. BOX 3849 TALLAHASSEE, FL 32315 <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 000073364720 05/01/06--01007--001 **905.00
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

23/ 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.

T.HOBUSF,  T.HOBUSF!BOELZQFE!P!S!GS!DUFE!OBNF!P!GT!H!Q!H!P!GG!DF!S!P!E!S!F!D!P!S	Date 5-1-06	Daytime Phone #
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FILED

06 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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5/ FEI Number 59-1566935	Applied For <input type="checkbox"/> Not Applicable
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6/ Certificate of Status Desired <input type="checkbox"/>	%8/86 Beejupobm G f iSf r vj d e
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