2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 02-06-2008 90034 025 ***150.00 **DOCUMENT # P98000074841** DUNÉS BEACH PROPERTIES, INC. 40019002 Principal Place of Business Mailing Address 160 5TH STREET 160 5TH STREET APALACHICOLA, FL 32320 APALACHICOLA, FL 32320 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2100 WEST BEACH DRIVE 2100 WEST BEACH DRIVE Suite, Apt. #, etc Suite, Apt. #, etc. 02032008 Cha-P CR2E034 (12/06) UNIT + N Upit * N-City & State City & State 4. FEI Number Applied For PANAMA CITY FLORIDA 59-3550161 Not Applicable PANNING CITY FLORIDA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>32401.-.1696</u> <u>USA</u> 72401-1696 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITTAKER, KENNETH WHITTAKER, KENNETH Street Address (P.O. Box Number is Not Acceptable) 160 5TH STREET APALACHICOLA, FL 32320 allOD WEST BEACH DRIVE. UNIT # N - 201 PANAMA CITY 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 agents ENNETH WHITTALGA SIGNATURE (NOTE: Registered Agent signature required when reinstating) ered agent and little if epiplicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TREASURER SECRETARY ם ☐ Delete Change ☐ Addition TITLE ППF WHITTAKER, KENNETH NAME WHITTAKER, KENNETH NAME 2100 WEST BEACH DRIVE, UNIT MED N-201 STREET ADDRESS 160 5TH STREET STREET ADDRESS CITY-ST-ZIP APALACHICOLA, FL 32320 CITY-ST-ZIP PANAMA CITY, FL 32401-1696 PRESIDENT D ☐ Addition m £ ☐ Delete ZURRER, EDWIN NAME NAME zurrer, eduin STREET ADDRESS 160 5TH STREET STREET ADDRESS 2100 WEST BEACH DRIVE, UNIT N-201 CITY-ST-ZIP APALACHICOLA, FL 32320 CITY-ST-ZIP PANMACITY, FL 32401-1696 ☐ Change me ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TM F ☐ Channe ■ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete DILE □ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in changed, or on an attackment with an address with all other like empowered.

KENNEN

SIGNATURE:

FILED Feb 06, 2008 8:00 am