

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001456

Entity Name: LUNN CORP.

FILED  
Jul 06, 2007  
Secretary of State

**Current Principal Place of Business:**

1023 S. 16TH AVE  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1023 S. 16TH AVE  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 65-0886778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAPOVALOV, INNA  
LAW OFFICES OF INNA SHAPOVALOV, P.A.  
16300 NE 19TH AVE, SUITE 250  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LUNN, BRIAN  
Address: 1023 S. 16TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LUNN, BRIAN  
Address: 1023 S. 16TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN LUNN

D

07/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date