

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010887

FILED  
Apr 22, 2006  
Secretary of State

Entity Name: BUNTING ENTERPRISES, INC.

## Current Principal Place of Business:

917 MANDARIN ISLE  
FT. LAUDERDALE, FL 33315

## New Principal Place of Business:

1326 SE 17TH STREET  
FT. LAUDERDALE, FL 33316

## Current Mailing Address:

917 MANDARIN ISLE  
FT. LAUDERDALE, FL 33315

## New Mailing Address:

1326 SE 17TH STREET  
#415  
FT. LAUDERDALE, FL 33316

FEI Number: 36-4275163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLCOMBE, PAMELA M. M P.A.  
200 SE 18TH COURT  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

HOLCOMBE, PAMELA M. M P.A.  
1500 SAN REMO  
SUITE 235  
CORAL GABLES, FL 33142 US

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:

04/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VSTD ( ) Delete  
Name: HOLCOMBE, PAMELA M  
Address: 917 MANDARIN ISLE  
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: PD ( ) Delete  
Name: HOLCOMBE, WILLIAM F  
Address: 917 MANDARIN ISLE  
City-St-Zip: FT. LAUDERDALE, FL 33315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change ( ) Addition  
Name: HOLCOMBE, PAMELA M  
Address: 1326 SE 17TH STREET, #415  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: PD (X) Change ( ) Addition  
Name: HOLCOMBE, WILLIAM F  
Address: 1326 SE 17TH STREET, #415  
City-St-Zip: FT. LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA M. M. HOLCOMBE

DIR

04/22/2006

Electronic Signature of Signing Officer or Director

Date