


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90109 012 ***150.00

DOCUMENT # S10586 1. Entity Name THOMAS DUNN, INC.					
Principal Place of Business 1223 SYLVAN DR. 515 PARK AVE N MOUNT DORA FL 32757 Ste 215 WINTER PARK, FL. 32789		Mailing Address 1223 SYLVAN DR. 515 PARK AVE N MOUNT DORA FL 32757 Ste 215 WINTER PARK, FL. 32789			
2. Principal Place of Business No P.O. Box # 515 PARK AVE N. Suite, Apt. #, etc. Ste 215		3. Mailing Address 1745 FLAMINGO DR. Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)	
City & State WINTER PARK, FL.		City & State ORLANDO, FL.		4. FEI Number 59-3043984 Applied For <input type="checkbox"/> Not Applicable	
Zip 32789 Country ORANGE		Zip 32803 Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, THOMAS 1223 SYLVAN DR. MT DORA FL 32757				7. Name and Address of New Registered Agent Name THOMAS DUNN Street Address (P.O. Box Number is Not Acceptable) 1745 FLAMINGO DR. City ORLANDO FL Zip Code 32803	
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 <u>Thomas Dunn</u> DATE 4-25-07 <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DUNN, THOMAS R PT 1223 SYLVAN DR. 1745 FLAMINGO DR. MT DORA FL 32757 ORLANDO FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DUNN, THOMAS R PT 1745 FLAMINGO DR. ORLANDO, FL. 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KNIGHT, RONNIE, JOE 1745 FLAMINGO DRIVE ORLANDO FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Thomas Dunn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			THOMAS DUNN 4-25-07 407 932920 <small>Date Daytime Phone #</small>		