


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # S22913	
1. Entity Name PAULA J. DUNDON, INC.	



Principal Place of Business 15995 SW 240 ST HOMESTEAD FL 33031	Mailing Address 15995 SW 240 ST HOMESTEAD FL 33031
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0237787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RASSNER, WAYNE M 7700 NORTH KENDALL DRIVE SUITE 803 MIAMI FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DUNDON, PAULA J.			NAME	U000000612581		
STREET ADDRESS	15995 SW 240 ST			STREET ADDRESS	02/05/07-80004-010 150.00		
CITY, ST, ZIP	HOMESTEAD FL			CITY, ST, ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	DUNDON, JOSEPH			NAME			
STREET ADDRESS	15995 SW 240 ST			STREET ADDRESS			
CITY, ST, ZIP	HOMESTEAD FL			CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			

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: Joseph J. Dundon SECRETARY 1/27/07 305-245-6946
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #