


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # S92085
 1. Entity Name
DUNE DECK CAFE, INC.



Principal Place of Business
100 NORTH OCEAN BLVD
LANTANT, FL 33462 US

Mailing Address
100 NORTH OCEAN BLVD
LANTANT, FL 33462 US

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0292502

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARUSO, JOHN
6501 EASTPOINTE PINES STREET
PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

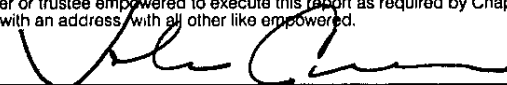
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARUSO, JOHN
STREET ADDRESS	6501 EASTPOINTE PINES STREET
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	VP
NAME	CARUSO, SANDRA
STREET ADDRESS	6501 EASTPOINTE PINES STREET
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	S
NAME	PANAIS, CONSTANTINE
STREET ADDRESS	7644 CEDAR HURST CT.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	T
NAME	CALOMIRIS, JOHN
STREET ADDRESS	7630 DOWNWINDS LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/09/07-80024-008 150.00

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *X*  **02-27-07** **561-582-0472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #