

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003341

**Entity Name:** DOUBLE DUNES, INC.

**Current Principal Place of Business:**

1 WOOD ROAD  
WILMINGTON, DE 19806

**Current Mailing Address:**

1 WOOD ROAD  
WILMINGTON, DE 19806 US

**FEI Number:** 20-0941098

**Certificate of Status Desired:** No

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

REGISTERD AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name BYRDE, YVES OLIVIER  
Address FIRST FLOOR, TOWER HOUSE LA  
ROUTE ES NOUAUX  
FIRST TOWER

City-State-Zip: ST. HELIER, JERSEY CHANNEL  
ISLANDS JE2 4ZJ

Title DIRECTOR, SECRETARY  
Name LAGADU , COLIN ANDREW  
Address FIRST FLOOR, TOWER HOUSE LA  
ROUTE ES NOUAUX  
FIRST TOWER

City-State-Zip: ST. HELIER, JERSEY CHANNEL  
ISLANDS JE2 4ZJ

Title ASST. SECRETARY  
Name MOORE, JONATHON  
Address 1050 17TH STREET  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name BYRDE, ETIENNE GUSTAVE  
Address FIRST FLOOR, TOWER HOUSE LA  
ROUTE ES NOUAUX  
FIRST TOWER  
City-State-Zip: ST. HELIER, JERSEY CHANNEL  
ISLANDS JE2 4ZJ

*I hereby 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 all other like empowered.*

**SIGNATURE:** JONATHON MOORE

**ASSISTANT SECRETARY 04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date