


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90396 028 \*\*\*150.00

**DOCUMENT # P05000097925**

1. Entity Name  
**HARRY LUNDEN, P.A.**



Principal Place of Business  
**363 TIERRA MAR LN**  
**SIESTA KEY, FL 34242 US**

Mailing Address  
**363 TIERRA MAR LN**  
**SIESTA KEY, FL 34242 US**

2. Principal Place of Business - No P.O. Box #  
**301 CHESTNUT COVE CIR**  
 Suite, Apt. #, etc.


3. Mailing Address  
**301 CHESTNUT COVE CIR**  
 Suite, Apt. #, etc.

City & State  
**SOUTH LAKE TX**

City & State  
**SOUTH LAKE TX**

Zip  
**76092** Country

Zip  
**76092** Country



02212008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3207162** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LUNDEN, ELEANOR R**  
**363 TIERRA MAR LN**  
**SIESTA KEY, FL 34242**

7. Name and Address of New Registered Agent

Name  
**ELEANOR R. LUNDEN**

Street Address (P.O. Box Number is Not Acceptable)  
**24860 BURNING PINE DR - STE 2**

City  
**BONITA SPRINGS FL** Zip  
**34134**

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 *Eleanor R. Lunden* DATE **4/22/08**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUNDEN, HARRY</b> <b>363 TIERRA MAR LN</b> <b>SIESTA KEY, FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>301 CHESTNUT COVE CIR</b> <b>SOUTH LAKE TX 76092</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE **4-22-08** DAYTIME PHONE # **941-356-7812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR