


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F46637</b> 1. Entity Name COLFORD ENTERPRISES, INC.	
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Principal Place of Business 6761 WEST SUNRISE BLVD. UNIT 1 PLANTATION, FL 33313	Mailing Address 6761 WEST SUNRISE BLVD. UNIT 1 PLANTATION, FL 33313
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04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2129557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

COLFORD, PATRICIA A.  
7761 NW 10TH STREET  
PLANTATION, FL 33322

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP COLFORD, PATRICIA A 7761 NW 10TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERKINS, MERLE R. 7761 NW 10TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYEK, JAMES A. 1813 GREENWOOD DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000722183  
05/02/07-80021-013 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *PATRICIA A. Colford, Pres.* *Patricia Colford* 4/20/07 954-585-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #