

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 17, 2007
Secretary of State**

DOCUMENT# P00000000996

Entity Name: M.A.E. ENTERPRISES, INC.

Current Principal Place of Business:

5703 GUAVA DR.
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

5703 GUAVA DR.
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 65-0975521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPOINTE, MARC
5703 GUAVA DR.
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAPOINTE, MARC
Address: 5703 GUAVA DR
City-St-Zip: TAMARAC, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LAPOINTE, ELIANA
Address: 5703 GUAVA DR
City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIANA LAPOITE

VP

03/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date