


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000126863**  
 1. Entity Name  
**2 ENTERTAINMENT LIMOUSINES INC.**



Principal Place of Business 1780 BEE POND RD PALM HARBOR, FL 34683	Mailing Address 1780 BEE POND RD PALM HARBOR, FL 34683
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01132066 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3676984</b>	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**

PENA, MARK E  
 334 SOUTH HYDE PARK AVENUE  
 TAMPA, FL 33608

**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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ABDO, MARYANN
STREET ADDRESS	1780 BEE POND RD
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000565300  
 05/20/06-80124-008 150.00

**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: Maryann Abdo 4-24-06 727-698-7605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #