

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135504

Entity Name: 4 D ENTERPRISES INC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

907 SANDTREE DRIVE  
PALM BEACH GARDENS, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

907 SANDTREE DRIVE  
PALM BEACH GARDENS, FL 33403

**New Mailing Address:**

FEI Number: 20-3612118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DEFEE, RICHARD  
907 SANDTREE DRIVE  
PALM BEACH GARDENS, FL 33403      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: DEFEE, RICHARD  
Address: 907 SANDTREE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: VPD      ( ) Delete  
Name: DEFEE, MARGUERITE  
Address: 907 SANDTREE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: VP      ( ) Delete  
Name: DEFEE, STEVEN  
Address: 907 SANDTREE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: T      ( ) Delete  
Name: DEFEE, ELIZABETH  
Address: 808 COUNTRY CLUB DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD DEFEE

Electronic Signature of Signing Officer or Director

PRES

04/30/2007

\_\_\_\_\_ Date