

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153626

FILED
Apr 09, 2007
Secretary of State

Entity Name: SUCCESS ENTERPRISES INTERNATIONAL INCORPORATED

Current Principal Place of Business:

801 W. SR 436
SUITE 2021
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1250 CENTRAL PARK DRIVE
SANFORD, FL 32771

Current Mailing Address:

19 SUNSET DRIVE
DEBARY, FL 32713

New Mailing Address:

1250 CENTRAL PARK DRIVE
SANFORD, FL 32771

FEI Number: 51-0616940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCHARD, TRACEY
19 SUNSET DRIVE
DEBARY, FL 32713 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: P () Delete
Name: BURCHARD, TRACEY
Address: 19 SUNSET DRIVE
City-St-Zip: DEBARY, FL 32713

Title: P () Delete
Name: ST. LOUIS, DOREEN
Address: 474 CLUB DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: TRACEY BURCHARD

P

04/09/2007

Electronic Signature of Signing Officer or Director

_____ Date