2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000009007 1. Entity Name
TRUDO LETSCHERT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1510 S. TUTTLE AVE. SARASOTA, FL 34239 1510 S. TUTTLE AVE. SARASOTA, FL 34239

FILED Apr 16, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02082007		No Chg-P	CR2E034 (11/05)			
4.	FEI Number			Applied For		
	<u>65</u> -0390	379		Not Applicable		
5.	Certificate o	f Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

MAGLICH, DAVID 1515 RINGLING BLVD. #100 SIXTH FLOOR SARASOTA, FL 34236

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

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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_	Signature, typed or printed name of registered agent and title	applicable.	(NOTE Register	ed Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETSCHERT, TRUDO 1510 S. TUTTLE AVE. SARASOTA, FL 34239							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		000000711605 04/26/07-80014-002 150.00		
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 recipier or truete ampowered 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.								

RING OFFICER OR DIRECTOR