


2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000025496 1. Entity Name OLDE TOWNE ENCHANTMENT, INC.	
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Principal Place of Business 1544 S. OCEANSHORE BLVD FLAGLER BEACH FL 32136	Mailing Address 1544 S. OCEANSHORE BLVD FLAGLER BEACH FL 32136
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3419577	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAUNEY, CARL F II
1544 S. OCEANSHORE BLVD
FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	T MAUNEY, CARL F II 1544 S. OCEANSHORE BLVD FLAGLER BEACH FL 32136	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP	V SIMMERLINK, SCOTT 2003 S. 182ND CIR OMAHA NE 68130	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP	S SIMMERLINK, CATHERINE 2003 S. 182 CIR OMAHA NE 68130	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP	P MAUNEY, REBECCA H 1544 S. OCEANSHORE BLVD FLAGLER BEACH FL 32136	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	U000000655535 03/13/07-80110-020 150.00	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #