

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

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date