## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AN
Secretary of State

1. Entity Nam	MENT # 422574 ENTERPRISES, INC.				51	ecretary or Stat
Principal Plac 114 S.E. 1ST GAINESVILLE	STREET, #9	Mailing Address 114 S.E. 1ST STREET, #9 GAINESVILLE, FL 32601	e de la companya de l			
DO NOT WRITE IN THIS SPACE				01082007	No Chg-P	CR2E034 (11/05)
DO NOT WICHE IN THIS STAC			OL .	4. FEI Numb 59-145		Applied For Not Applicable
	6. Name and Address of Current Re	istered Agent		5. Certificate	of Status Desired	S8.75 Additional Fee Required
114 S,E, 1	WILLIAM B ST STREET, #9 LLE, FL 32601	DO NOT WRITE IN THIS SPACE				
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	Signatura_typed or printed name of registered agent and	itie il applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	OFFICERS AND DIF PST SCHEEL, WILLIAM 114 S.E. 1ST ST., #9 GAINESVILLE, FL 32601	IECTORS			U000005 01/10/07-{	520084 80033-011 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplies against report is true and accurate and that my supplier shall have the same legal effect as if made under dath; that I am an officer or director of the corporation of the poceiver or flustoe empowered to execute this report as registered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attantment with an address. With all other life empowered.  SIGNATURE  SIGNATURE						
JIGHT	SIGNATURE AND TYPED OR PRIN	ED NAME OF SIGNING OFFICER OR DIRECT	OR		Date	Daytime Phone #