


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000408 1. Entity Name ENHANCED ASSET MANAGEMENT CORPORATION	
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FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256	Mailing Address 8014 BAYBERRY ROAD JACKSONVILLE, FL 32256
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07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3687310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
 155 OFFICE PLAZA DR.
 SUITE A
 TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

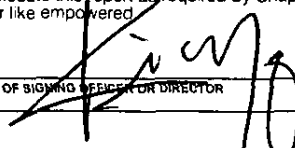
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, MARK A
STREET ADDRESS	8014 BAYBERRY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	SD
NAME	MOQUIN, KIRK
STREET ADDRESS	8014 BAYBERRY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	CTD
NAME	SCHANCK, JOHN
STREET ADDRESS	8014 BAYBERRY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

000000954395
07/11/08-80013-004 150.00

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 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: Kirk Moquin  7/11/08 800-647-0049

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