2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004147

Entity Name: ENLINC.

City-St-Zip:

FILED Feb 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	3RD ST., 5 TH TON, FL 3348			
Current Mailing Address:			New Mailing Address:	
	3RD ST., 5TH TON, FL 3348			
FEI Number	: 30-0033884	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
1200 SOU	ORATION SYS TH PINE ISLA ION, FL 33324	ND ROAD		
	named entity e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PSTD (SIEGEL, STUA 3785 COVENT BOCA RATON,	RY LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MEYER, JERR	ARY TRIAL #2304	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MEYER, DAVE	N BLVD. #1604	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	() Delete		() Change (X) Addition LCO, LEN LLYWOOD BLVD

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.

City-St-Zip:

SIGNATURE: LEN MANISCALCO DIR 02/07/2008

HOLLYWOOD, FL 33020