

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001956

FILED
Apr 18, 2005
Secretary of State

Entity Name: ENTERPRISE VEHICLE EXCHANGE, INC.

Current Principal Place of Business:

C/O APEX
2036 WASHINGTON STREET
HANOVER, MA 02339

New Principal Place of Business:

C/O JPEX
2036 WASHINGTON STREET
HANOVER, MA 02339

Current Mailing Address:

C/O APEX
2036 WASHINGTON STREET
HANOVER, MA 02339

New Mailing Address:

C/O JPEX
2036 WASHINGTON STREET
HANOVER, MA 02339

FEI Number: 56-2325629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: RIVERA, EDWIN
Address: 2036 WASHINGTON STREET
City-St-Zip: HANOVER, MA 02339

Title: VD () Delete
Name: SHUSTER, DAWN
Address: 2036 WASHINGTON STREET
City-St-Zip: HANOVER, MA 02339

Title: T () Delete
Name: SANTOS, KRISTEN M
Address: 2036 WASHINGTON STREET
City-St-Zip: HANOVER, MA 02339

Title: V () Delete
Name: GALLIVAN, KATHLEEN D
Address: 2036 WASHINGTON STREET
City-St-Zip: HANOVER, MA 02339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ORBEN, JASON M
Address: 2036 WASHINGTON STREET
City-St-Zip: HANOVER, MA 02339

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V,D (X) Change () Addition
Name: GALLIVAN, KATHLEEN D
Address: 2036 WASHINGTON STREET
City-St-Zip: HANOVER, MA 02339

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KRISTEN M. SANTOS

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04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date