


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90016 040 \*\*\*150.00

DOCUMENT # F05000005578			
1. Entity Name ENCARTELE, INC.			
Principal Place of Business 2615 HARNEY STREET OMAHA, NE 68131		Mailing Address 2615 HARNEY STREET OMAHA, NE 68131	
2. Principal Place of Business - No P.O. Box # 8206 S. 109TH STREET		3. Mailing Address P.O. BOX 540547	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LA VISTA, NE		City & State OMAHA, NE	
Zip 68128		Country USA	
4. FEI Number 86-1116129		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO EGERMAYER, GEORGE W 9850 NICHOLAS STREET, #150 OMAHA, NE 68114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/CEO/TREASURER GEORGE W. EGERMAYER 9850 NICHOLAS STREET, SUITE 150 OMAHA, NE 68114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORELAND, SCOTT 2615 HARNEY STREET OMAHA, NE 68131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SCOTT MORELAND 8206 S. 109TH STREET LAVISTA, NE 68128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODWARD, MIKE 9408 WOODNEY PLAZA OMAHA, NE 68122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAUSEN, NANCY 9850 NICHOLAS STREET, #150 OMAHA, NE 68114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NANCY CLAUSEN 9850 NICHOLAS STREET, SUITE 150 OMAHA, NE 68114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Nancy Clausen</i>		NANCY CLAUSEN, SECRETARY 4/2/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	
		402-342-0945	