2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2007 8:00 am Secretary of State DOCUMENT # F05000005578 04-10-2007 90016 040 ***150.00 1. Entity Name ENCARTELE, INC. Principal Place of Business Mailing Address 40000011 2615 HARNEY STREET 2615 HARNEY STREET OMAHA, NE 68131 OMAHA, NE 68131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8206 S. 109TH STREET P.O. BOX 540547 Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-P CR2E034 (12/06) City & State City & State 4 FELNumber Applied For LA VISTA, NE OMAHA, NE 86-1116129 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 68128 USA 68154 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301-2960 Zip Code City FI 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 Signature, typed or printed name of registered agent and fittle if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CCEO Addition TITLE Change TITLE ☐ Delete CHAIRMAN/CEO/TREASURER EGERMAYER, GEORGE W NAME NAME GEORGE W. EGERMAYER 9850 NICHOLAS STREET, #150 STREET ADDRESS STREET ADDRESS 9850 NICHOLAS STREET, SUITE 150 CITY-ST-ZIP **OMAHA, NE 68114** CITY-ST-ZIP OMAHA, NE 68114 XX Change TITLE VICE PRESIDENT ☐ Addition TITLE ☐ Delete NAME MORELAND, SCOTT SCOTT MORELAND STREET ADDRESS 2615 HARNEY STREET STREET ADDRESS 8206 S. 109TH STREET CITY - ST-7LP CITY-ST-ZIP OMAHA, NE 68131 LAVISTA, NE 68128 Delete Change ☐ Addition TULE TITLE WOODWARD, MIKE NAME NAME 9408 WOODNEY PLAZA STREET ADDRESS STREET ADDRESS **OMAHA, NE 68122** CITY-SI-7IE CITY-ST-ZIP SECRETARY ☐ Delete (X) Change ■ Addition TITLE CLAUSEN NANCY NANCY CLAUSEN NAME MAME 9850 NICHOLAS STREET, #150 STREET ADDRESS 9850 NICHOLAS STREET, SUITE 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OMAHA, NE 68114** OMAHA, NE 68114 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

lausen , secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

402-342-0945

Daytime Phone #