

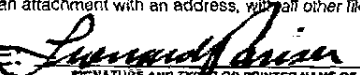


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000000619			
1. Entity Name ENNIX INCORPORATED			
Principal Place of Business 3845 PEACHY CANYON RD PASO ROBLES, CA 93446 US		Mailing Address 3845 PEACHY CANYON RD PASO ROBLES, CA 93446 US	
DO NOT WRITE IN THIS SPACE			
		02132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 33-0661742	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 LUCAS, DAVID K 8800 S OCEAN DR #1301 JENSEN BEACH, FL 34957		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 reconstituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		03/29/06-80028-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MULLENNIX, TED 3845 PEACHY CANYON RD PASO ROBLES, CA 93446	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PARISER, LEONARD 5626 W. 63 ST. LOS ANGELES, CA 90056		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLENNIX, STEPHEN 521 HOLLISTER AVE, #1 SANTA MONICA, CA 90405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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			
SIGNATURE:  LEONARD PARISER		2/13/06 (905) 239-8146	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	