2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

Principal Pace of Business 3845 PEACHY CANYON RD PASS RREUES, OR 93446 US 2. Principal Place of Business 50 P.O. Box II 3. Malling Address 2. Principal Place of Business 50 P.O. Box II 3. Malling Address 50 P.O. Box II 50 Malling Address 50 P.O. Box Address 50 P.O.	1. Entity Name ENNIX INCORPORATED					02-04-200	08 90032 026 **	*150.00	
PASO ROBLES, CA 93446 US	Principal Place of Business Mailing Address					-			
Suite, Apt. 4, etc.									
City & States	Principal Place of Business - No P.O. Box # 3. Mailing Address								
Source S	Suite. Apt. #, etc.		Suite, Apt. #, etc.		01232008	Chg-P	CR2E034 (12/06	6)	
S. Cerificate of Status Desired Fee Required	City & State		City & State						
LUCAS, DAVID K 8800 S OCEAN DR #1301 JENSEN BEACH, FL 34957 City FL Zip Code	Zip	Country	Žip	Zip Country		te of Status Desired			
Brook Address (P O Box Number is Not Acceptable) Coty		6. Name and Address of Current	Registered Agent	Barne					
8. The above named entity submits this statement for the purpose of changing its registered agent, or born in the State of Florida. I am farmillar with and accept the obligations of registered agent. SIGNATURE Signature Signatur	8800 S OCEAN DR #1301								
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 sm familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00				City			F! Zip C	ode	
SIGNATURE	1	,	or the purpose of changing its re	egistered office o	r registered agent, or b	ooth, in the State of Fl		ith, and accept	
After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Commbution. 10.									
Affor May 1, 2008 Fee will be \$550.00 Trust Fund Contribution		Signature, typed or printed name of registered agent	and little if applicable INOTE:	Registered Agent signa	lure required whom reinstating)	- 	DATE		
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SIGNATURE: Francisco Carine 500'4/CFO 1/23/08 (310) 614-6110	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 60?, Florida Statutes, and that my name appears in Block 10 or Block 11 if								
	SIGNAT	URE: Hondid	1 Cerim ?	PECY/CF	O KISER	1/23/08	(310)614	-6110	