


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90005 044 \*\*\*158.75

**DOCUMENT # H28112**

1. Entity Name  
**ANSORG ENTERPRISES, INC.**



Principal Place of Business 712 E PALMETTO PK RD 712 E PALMETTO PK RD BOCA RATON, FL 33432 US	Mailing Address 712 E PALMETTO PK RD 712 E PALMETTO PK RD BOCA RATON, FL 33432 US
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2. Principal Place of Business - No P.O. Box # <b>17886 STONEBRIDGE CT.</b>	3. Mailing Address <b>P.O. BOX 480355</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BOCA RATON, FL.</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33498</b>	Zip <b>33448-0355</b>
Country <b>U.S.A.</b>	Country <b>USA.</b>



03172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**ANSORG, MICHAEL**  
**712 E PALMETTO PARK RD**  
**BOCA RATON, FL 33432**

4. FEI Number  
**59-2459782**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent

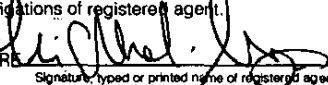
Name  
**ANSORG, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)  
**17886 STONEBRIDGE COURT**

City  
**BOCA RATON FL**

Zip Code  
**33498**

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  **MICHAEL ANSORG, President/Director** DATE **3/25/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANSORG, MICHAEL P.</b>	
STREET ADDRESS	<b>712 E PALMETTO PK RD</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANSORG, PATRICIA M.</b>	
STREET ADDRESS	<b>712 E PALMETTO PARK RD</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSORG, MICHAEL P.</b>	
STREET ADDRESS	<b>17886 Stonebridge Ct.</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33498</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSORG, PATRICIA M.</b>	
STREET ADDRESS	<b>17886 Stonebridge Ct.</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33498</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

*Patricia M. Ansong*  
**PATRICIA M. ANSORG**

**3/25/07.**