

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29864

FILED
Mar 16, 2005
Secretary of State

Entity Name: PAPILLON ENTERPRISES, INC.

Current Principal Place of Business:

205 BROM BONES LANE
LONGWOOD, FL 32750 US

New Principal Place of Business:

3338 LUKAS COVE
ORLANDO, FL 32820 US

Current Mailing Address:

205 BROM BONES LANE
LONGWOOD, FL 32750 US

New Mailing Address:

3338 LUKAS COVE
ORLANDO, FL 32820 US

FEI Number: 59-2737029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTA, PETER S.
12636 VICTORIA PLACE CIRCLE
#9-122
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

PORTA, PETER S.
3338 LUKAS COVE
ORLANDO, FL 32820 US

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.

SIGNATURE: PETER S. PORTA

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CVSD () Delete
Name: PORTA, PETER S.
Address: 12636 VICTORIA PLACE CIRCLE, #9-122
City-St-Zip: ORLANDO, FL 32828

Title: PTD () Delete
Name: AGUIRRE, RALPH E. JR., .
Address: 205 BROM BONES LANE
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVSD (X) Change () Addition
Name: PORTA, PETER S.
Address: 3338 LUKAS COVE
City-St-Zip: ORLANDO, FL 32820

Title: PTD (X) Change () Addition
Name: AGUIRRE, RALPH E JR.
Address: 205 BROM BONES LANE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER S. PORTA

CEO

03/16/2005

Electronic Signature of Signing Officer or Director

Date