## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2007 08:00 AM Secretary of State

ANNUAL REPURI					C / CC/			
1. Entity Nam	MENT # J33021 ENCRETE, INC.					Secretary	y of Sta	
Principal Plac 125 AVENIDI SARASOTA, F	A VENECCIA	Mailing Address 125 AVENIDA VENECCIA SARASOTA, FL 34242		 	PO 1880 WWW BORNO WOOD RIN	I DIBA BIDU GYDII BIDA GYDI		
E	OO NOT WRITE  6. Name and Address of Current Re	CE	03012007 4. FEI Numb 59-273	No Chg-P	CR2E034 (11/0	Applied For Not Applicable Add:tional		
DEWIT, THOMAS 125 AVENIDA VENECEIA SARASOTA, FL 34242					NOT W THIS SF	*		
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 life (approache) (NOTE Registered Agent signature required when remistating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finantification.  Trust Fund Contribution.				.00 May Be ed to Fees	99/29/0 93/29/0	00674251 7-80058-021	150.00	
ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI DP DEWIT, THOMAS P 125 AVENINDA VENECCIA SARASOTA, FL	RECTORS		_	NOT W			
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME			· · ·					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 941-345-030