2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

Feb 27, 2007 8:00 am DOCUMENT # J45300 **Secretary of State** 1. Entity Name 02-27-2007 90007 049 ***150.00 MANTUA ENTERPRISES, INC. Principal Place of Business Mailing Address 608 UNION ST 608 UNION ST % SIMON'S PUB DUNEDIN FL 34698 % SIMON'S PUB DUNEDIN FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 59-2741236 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, EDWARD A., JR Street Address (P.O. Box Number is Not Acceptable) 160 FLORIDA AVE **DUNEDIN FL 34698** alencia City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIF CTORS IN 11 11. 8911 10118 DEAN, EDWARD A., JR NAMI NAME 160 FLORIDA STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 CHY ST-7IP CITY ST ZIP HHIE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST 7IP 11011 Delete HILL Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST /IP HUIS ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-7IP CHY SI ZIP THILL ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY St 7P CHY ST 7P HHI Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-7#P CITY-ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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 preserved.

FILED