



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J48156</b> <small>1. Entity Name</small> <b>SETAD ENTERPRISES, INC.</b>						
<small>Principal Place of Business</small> <b>125 ORANGE RIDGE DRIVE LONGWOOD, FL 32779</b>		<small>Mailing Address</small> <b>125 ORANGE RIDGE DRIVE LONGWOOD, FL 32779</b>				
<b>DO NOT WRITE IN THIS SPACE</b>		 04192008    No Chg-P    CR2E034 (11/05)				
<b>4. FEI Number</b> <b>NOT APPLICABLE</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Applied For</small></td> <td style="width: 50%;"><small>Not Applicable</small></td> </tr> </table>		<small>Applied For</small>	<small>Not Applicable</small>	
<small>Applied For</small>	<small>Not Applicable</small>					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b>  <b>REYNOLDS, LINDA W 125 ORANGE RIDGE DRIVE LONGWOOD, FL 32779</b>				
<b>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.</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) <small>DATE</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b></td> <td style="width: 33%;"><b>9. Election Campaign Financing Trust Fund Contribution.</b>    <input type="checkbox"/>    <b>\$5.00 May Be Added to Fees</b></td> <td style="width: 33%;"></td> </tr> </table>		<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>		<div style="text-align: right; font-family: monospace;">           000000524426            05/03/06-80111-021 150.00         </div>				
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD REYNOLDS, LINDA W 125 ORANGE RIDGE DR. LONGWOOD, FL 32779	<b>DO NOT WRITE IN THIS SPACE</b>				
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>						
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>						
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>						
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>						
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>						
<b>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.</b>						
<b>SIGNATURE</b> <i>Linda W. Reynolds</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <span><b>04-10-06</b></span> <span><b>407-402-2098</b></span> </div> <small>Date</small> <small>Daytime Phone #</small>				