## FILED Jun 11, 2007 8:00 am Secretary of State 06-11-2007 90006 043 \*\*\*150.00

2007 FOR PROFIT CORPORATION 06-11-2007 90006 043 \*\*\*
ANNUAL REPORT

1. Entity Nam	ITERPRISES, INC.	Maifing Address			C	0120308	3			
6407 MUIRTI		6407 MUIRTIELO DR. GREENSBORO, NC 274	410			H 81919 19119 1911 818H 19	el enen erek kent kert bien eine			
2. Principal P	ace of Business - No P.O. Box # West Larraster R	3. Mailing Address . 607 Mu Suite, Apt. #, etc.	ic field I	<u>) r .</u>						
Apt.	# A-/				05042007	Chg-P	CR2E034 (12/06)			
Orlan		Greensborn	NC		4. FEI Numb	-	<u> </u>	oplied For of Applicable		
Zip	Country U.S. 6. Name and Address of Current	27410	Country		<u> </u>	of Status Desired	\$8.75 Add Fee Require			
		vadiorise vitani	Nате <sup>2</sup>	Dol	7. Name and Address of New Registered Agent					
. ANGELL, 1 836 E. IND	PATRICIA W NANA AVE		Sylene /	ddresą (i	(P.O. Box Number is Not Acceptable)  Q.YO.A.C.Q. L.Q.N.C.					
DELAND,	FL 32724		189	<u> </u>	amaic	<u>a Lane</u>				
.``			Cilyo	rla	nde		FL Zip Con	5809		
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 Rorida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE.	Signature, lydiad or privated name of regressived agont (	and the if applicable. (110)	E. Regereres Agent signa	ture required	(when remaining)	<del></del>	DATE			
FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Due by September 14, 2007  9. Election Campaign Financing \$5.00 May Be Corporation did not receive the prior notice.										
10.	OFFICERS AND	DIRECTORS	11,			/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11		
THLE	PVTD POURAO, HANS	☐ Delete	IIILE Nalae	TV4		ANS -	Change	Addition		
STREET ADDRESS	6407 MUIRTIELO DR.		STREET ADDRESS			ans field Dr.				
CTTY-SI-ZIP	GREENSBORO, NC 27410	☐ Delets	CITY-SI-ZEP	Au	eensboi	zi, NC	27410 Change	Addition		
HAME		_ 0	NAME							
STREET ADORESS CITY-ST-78P			STREET ADDRESS CITY-ST-ZIP	İ						
INLE		☐ Oelete	IHLE		<del></del>		☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS							
- <del>UPY-61</del> -3P			CITY ST AP	ļ						
TITLE NAME		Detere	MAASE				☐ Change	Addition		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-2P		Detate	City-St-ZIP	┼			☐ Change	Addition		
NAME			NAME				<b>-</b>			
STREET ADDRESS CATY-ST-ZIP			STREET ADORESS Dity-ST-ZIP							
TIPLE		☐ Oelete	HILE				☐ Change	☐ Addition		
STREET ADDRESS			NAME STREET AUDRESS							
CITY-51-20P			CITY-ST-ZIP		<del> </del>		<del></del>	<u>,</u>		
12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is rusplemental report is true and accurate and that my signature shall have the some legal effect as if made under outs; that I am en 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: # Tuna # 6-1-07 336-638 6065  BIGHATURE AND TYPED OR PRINTED MAINE OF BIGHING OFFICER OR DIRECTOR Date (0-1-07)										
	SIGNATURE AND TYPED OR I	PRINTED NAME OF BIGHING OFFICER	OR DIRECTOR			Date	Cayler o Prorpe 4	(97)		

SIGNATURE: If I CO. UTCH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2	007 FOR PROFI ANNUAL	T CORPORAT REPORT	TION		•				
1. Entity Nam	MENT # J49947 NTERPRISES, INC.	ATTACHMENT							
Principal Place of Business 6407 MURTIELO DR. GREENSBORO, NC 27410		Mailing Address 6407 MUIRTIELO DR. GREENSBORO, NC 27410		40120308					
2. Principal Place of Business - No P.O. Box #  777 W.Lancaster Rd.  Suite, Apt. #, etc.  P-1		3. Mailing Address 777 W-Lancaster Rd. Suite, Apt. #, etc 77-1		04232007 Chg-P	CR2E034 (12/06)				
City & State Orlan Zip 3280	clo, FL. Country USA	Zip 32809	Country USA	FEI Number     59-2772774      Certificate of Status Desire	Fee Required				
836 E. IND DELAND,			City	Deborh Csto Street Address (P.O. Box Number is Not Acceptable) 189 January Leure					
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 bits if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution Added to Fees									
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PVTD POURAO, HANS 6407 MUIRTIELO DR. GREENSBORO, NC 27410	DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZP	ADDITIONS/CHANGES TO (	OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREENSBORO, NO 27410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIRE NAME STREET ADDRESS CTIY-ST-ZIP		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition				
indicated	certify that the information supplied with d on this report or supplemental report in reporation or the receiver or trustee empt, or on an attachment with an address,	s true and accurate and that n owered to execute this report	ny signature snati nave u as required by Chapter (		es. I further certify that the information der oath; that I am an officer or director name appears in Block 10 or Block 11 if				

4 - 27 - 07 Date