


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # J53041 1. Entity Name S & S ENTERPRISES, INC.	
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Principal Place of Business 400 HIGH POINT DRIVE, SUITE #500 COCOA, FL 32926	Mailing Address 400 HIGH POINT DRIVE, SUITE #500 COCOA, FL 32926
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DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2751366	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VANI, THOMAS A
400 HIGH POINT DRIVE
SUITE 500
COCOA, FL 32926**

DO NOT WRITE IN THIS SPACE

6. 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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANI, THOMAS A 400 HIGH POINT DR COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOFFETT, LAURA M 400 HIGH POINT DR COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PATRIA, ROBERT 400 HIGH POINT DR STE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TIMMINS, SUSAN C 400 HIGH POINT DR, STE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80030-002 213.75

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Daytime Phone #