2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 A Secretary of State

1. Entity Narr	MENT # K04173 EN & ASSOCIATES, INC.				S	ecretar	y 01 St
Principal Plac	e of Business	Mailing Address					
6043 QUAIL	RIDGE DR EE, FL 32312 US	6043 QUAIL RIDGE DR	US				
NLLNIIA33E	(C, FL 32312 U3	TALLAHASSEE, FL 32312	03				
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		n dia Japan dia kacamatan		01102008	No Chg-P	CR2E034 (11/05	5)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number			Applied For
				59-28793	21	j	Not Applicable
				5. Certificate of S	itatus Desireo	\$8.75 A	
, 64.	6. Name and Address of Current R	egistered Agent		1 1888888991155979	7. H		ir .: :
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6043 QUA	JL RIDGE DR.		#UP\$ 10 W.W	DO N	OT WE	KITE 👙	
TALLAHA	SSEE, FL 32312			IN T	HS SP	ACF	\$ (4)
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	named entity submits this statement for those of registered agent.	the purpose of changing its registi	ered office or register	red agent, or both, ii	n the State of Flori	da., I am familiar wil	th, and accept
		•	war war and the	1.00	t *	→ * ₹	
SIGNIATI IDE		y · · · ·	***				
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE Registr	red Agent signature required	when reinstating)		DATE	
6	· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Fin	ancing\$5	20	Ungana	*** ***** *	
FIL	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fin	ancing\$5	20	U00000 04/11/08-	*** ***** *	150.00
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution	ancing\$5	20	U00000 04/11/08-	874780 80006-009	150.00
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes if 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 altother like empowered.

SIGNATURE:

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR