


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # K23927 1. Entity Name PATRIAM ENTERPRISES, INC.		
Principal Place of Business 178 SULKY WAY WELLINGTON, FL 33414 US	Mailing Address 178 SULKY WAY WELLINGTON, FL 33414 US	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 04232007 No Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number 65-0068858 </div> <div style="width: 35%;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent PETERS, PATRICIA J. 178 SULKY WAY WELLINGTON, FL 33414		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div style="font-family: monospace; font-size: 1.2em;"> U00000728963 05/08/07-80020-020 150.00 </div> <div style="font-size: 1.5em; margin-top: 20px;"> DO NOT WRITE IN THIS SPACE </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERS, PATRICIA J. 178 SULKY WAY WELLINGTON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, WILLIAM A 31918 9TH AVE LAGUNA BEACH, CA 92651	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Patricia Peters</i> PATRICIA PETERS 4/22/07 (561) 793-6484		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>