2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2007 8:00 am Secretary of State

| 1. Entity Nan | MENT # K36041 iterprises, inc. | | | | | 02-15-2007 | / 9005 <i>2</i> C | J46 ***1: | 50.00 | |
|--|--|--|---|--|-------------------------------------|-----------------------|-------------------|--------------------------------|--|--|
| Principal Plac | ce of Business | Mailing Address | | | | | | | | |
| | | • | | | | | | | | |
| 4610 BAYVIEW DR FORT LAUDERDALE, FL 33308 4610 BAYVIEW DR FORT LAUDERDALE, FL | | | EI 22200 | | .0019 | つつサブ | | | | |
| TOK! LAUDI | LADALE, I'L 33300 | TORT LAUDERDALE, | FL 33300 | | 40019 | 9911 | | | | |
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| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | |
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| Suite, Apt. | . #, elc. | Suite, Apt. #, etc. | | | 02092007 | Chg-P | CRSEOS | 34 (12/06) | | |
| | | | | | OZODZOO! | | 01121200 | | | |
| City & Stat | te | City & State | | | 4. FEI Number | | | Ap | plied For | |
| | | | | ****** | 65-0079 | 65-0079633 | | No | Not Applicable | |
| Zip | Country | Zip | Count | ry | 5. Certificate o | Status Desired | | \$8.75 Add | | |
| | | | _! | | | | | ee Require | d | |
| | 6. Name and Address of Curre | nt Registered Agent | | Nome | 7. Name and A | ddress of New R | egistered A | gent | | |
| KEHL, CA | RI i | | | Name Nan | cy Kehl | | | | | |
| 4610 BAY | | | 1 | | tress (P.O. Box Number | is Not Acceptable | <u></u> | | | |
| | JDERDALE, FL 33308 | | 1 | | O Bayview Dr | | | | | |
| | 302.1B/122, 72 33333 | | 1 | | - | | | | | |
| | | | } | City | | | | 7:- C-d | | |
| | | | | For | t Lauderdale | | FL | Zip Codi 3 3 3 3 0 8 | | |
| 8. The above | e named entity submits this statemen | t for the purpose of changing i | its registere | d office or re | egistered agent, or both | , in the State of Flo | rida. I am ta | amiliar with, | and accept | |
| the obliga | tions of registered agent. | Kehl | • | | • | | | • | | |
| | 11/11/01/95 | Keni | | | | | 2 | 07 | | |
| SIGNATURE. | Signature, typed or printing name of registered ag | and and title if anniholania (EV | OTE Beautiered | L & cont singer | required when reinstating) | | 2-10 | <u>~//</u> | | |
| | | CT DIO ME II OPPOCADO: (174 | DIE. HOgisteres | - ngcrit signature | required when remaining i | | DATE | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55 | 9. Election Camp Trust Fund Co | | cing | \$5.00 May Be Added to Fees | | | | ŧ. | |
| | | | | | | | | | j. | |
| 10 | OFFICERS AN | JID DIRECTORS | T 11 | | ADDITIONS | HANGES TO OFF | CEDS AND | DIRECTOR | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 10. | | ND DIRECTORS | 11. | | | HANGES TO OFF | | | | |
| TITLE | PST | ND DIRECTORS | THE | 1. | PSTD | HANGES TO OFF | | DIRECTORS Change | S IN 11 | |
| TITLE NAME | PST KEHL, CARL J. | | TITLE | | | HANGES TO OFF | | | | |
| TITLE NAME STREET ADDRESS | PST KSHL, CARL J. 4610 BAYVIEW DR | 😡 Delete | TITLE NAME STREE | I ADDRESS | PSTD Kehl, Nancy | | | Change | → Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST KEHL, CARL J. | 反 Delete | TITLE NAME STREE CITY- | T ADDRESS ST-ZIP | PSTD | | Laude | □ Change | ⅓Addition FL 3330 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PST KEHL, CARL J. 4610 BAYVIEW DR FORT LAUDERDALE, FL 333 | 😡 Delete | TITLE NAME STREE CITY-: | ET ADDRESS ST-ZIP | PSTD Kehl, Nancy | | Laude | Change | → Addition | |
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President