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Secretary of State
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FILE NOW: FILING FEE AFTER MAY 1 IS $22

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORAT

DOCUMENT # K54816 (9)

1. Corporation Name
CONSUMER ENTERPRISES, INC.

40089923

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% HERBERT W. FINN PO 4142 ENTERPRISE FL 32725	% HERBERT W. FINN PO 4142 ENTERPRISE FL 32725

3. Date Incorporated or Qualified: 12/22/1988
3a. Date of La: 06/15/1

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30
USA

4. FEI Number: 59-2928314

5. Certificate of Status Desired ☐ $8

6. Election Campaign Financing Trust Fund Contribution ☐ $1 A

8. This corporation has liability for intangible tax und Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

HW FINN
240 W HOLLY DR
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE HW FINN 4/21/06
Signature, name and title of officer, director and agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	PVST	1.1 TITLE	☐ Ch
NAME	FINN, HERBERT W.	1.2 NAME	
STREET ADDRESS	PO 4142	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL 32725	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Cha
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Cha
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Cha
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Cha
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Cha
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Stat certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 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 Statu appears in Block 12 or Block 13, if changed, or is an attached with an asterisk.

4/21/06