


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 019 ***150.00

DOCUMENT # L01661 1. Entity Name SUOJANEN ENTERPRISES, INC.	
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Principal Place of Business 13128 S.R. 54 ODESSA, FL 33556 US	Mailing Address 13128 S.R. 54 ODESSA, FL 33556 US
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40038148



03042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2970189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SUOJANEN, ERIK 12708 BOX DRIVE 8980 CRESCENT FOREST DR. HUDSON, FL 34667 NEW PORT RICHEY, FL 34654	
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	PVS SUOJANEN, ERIK 13128 S.R 54 ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUOJANEN, ERIK 13128 S.R. 54 ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUOJANEN, COLLEEN 13128 SR 54 ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, KEVIN 13128 SR 54 ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/13/06 813
926 0707
Day Daytime Phone #