


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L25520 1. Entity Name ENTERPRISE COMMUNICATIONS UTILITY CONTRACTORS OF FLORIDA, INC.	
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FILED
05 DEC 20 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 160 W EVERGREEN #101 LONGWOOD, FL 32750 US		Mailing Address PO BOX 950997 LAKE MARY, FL 32795 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



12122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2974119		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

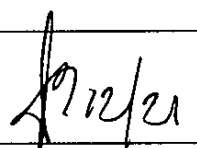
6. Name and Address of Current Registered Agent METCALF, DALLAS SR 160 W EVERGREEN #101 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name Lisa Metcalf Street Address (P.O. Box Number is Not Acceptable) 160 W. Evergreen, Suite 101 City Longwood FL Zip Code 32750	
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8. 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  **Lisa Metcalf** 12/12/2005
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DALLAS METCALF S.R 160 W. EVERGREEN #101 LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Sec/Treas Lisa Metcalf 160 W. Evergreen, Longwood, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700062290937 12/20/05--01030--004 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Lisa Metcalf** 12/12/2005 407-834-0408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Enterprise Communications Utility Contractors of Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: L25520

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harvey M. Alper, Esquire

(Name of Person)

Law Offices of Harvey M. Alper

(Name of Firm/Company)

Post Office Box 162967

(Address)

Altamonte Springs, Florida 32716-2967

(City/State and Zip Code)

For further information concerning this matter, please call:

Harvey M. Alper

(Name of Person)

at (407) 869-0900

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

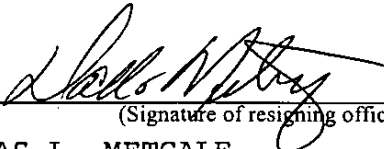
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Dallas L. Metcalf, hereby resign as Pres., DM Tres. & Sec. DM
(Title)

of Enterprise Communications Utility Contractors of Florida, Inc.
(Name of Corporation)

L25520, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)
DALLAS L. METCALF

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314