

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # L25520</b> 1. Entity Name <b>ENTERPRISE COMMUNICATIONS UTILITY CONTRACTORS OF FLORIDA, INC.</b>						<b>FILED</b>  <b>06 SEP 15 AM 11:37</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>160 W EVERGREEN #101 LONGWOOD, FL 32750 US</b>				Mailing Address <b>PO BOX 950997 LAKE MARY, FL 32795 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2974119</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>METCALF, LISA 160 W EVERGREEN AVE #101 LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent Name <b>Metcalf, Dallas</b> Street Address (P.O. Box Number is Not Acceptable) <b>160 W. Evergreen Avenue</b> Suite <b>101</b> City <b>Longwood</b> <b>FL</b> <b>32750</b>			
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 <span style="float: right;">x 9/13/06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$81.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>METCALF, DALLAS SR</b> STREET ADDRESS <b>160 W. EVERGREEN #101</b> CITY - ST - ZIP <b>LONGWOOD, FL 32750</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700079939607</b> <b>09/19/06--01012--010 **70.00</b>			
TITLE <b>PST</b> <input checked="" type="checkbox"/> Delete NAME <b>METCALF, LISA</b> STREET ADDRESS <b>160 W EVERGREEN #101</b> CITY - ST - ZIP <b>LONGWOOD, FL 32750</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <b>PST</b> NAME <b>Dallas Metcalf</b> STREET ADDRESS <b>160 W. Evergreen Ave, #101</b> CITY - ST - ZIP <b>Longwood, Florida 32750</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <span style="float: right;">x 9/13/06 407-834-5505</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Dallas Metcalf</b>				Date <span style="float: right;">Daytime Phone #</span>			