2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009066

Address:

City-St-Zip:

6533 HAWKSMOOR DR

ORLANDO, FL 32818

FILED Jul 08, 2005 Secretary of State

D 0 0 0 11		500			ocorciary or oracc	
Entity Name: ENTERPRISE AMERICA, INC.						
•		•				
Current Principal Place of Business:			New Principal Place of Business:			
	LOTTA CIRCLE					
ORLANDO	, FL 32868 US					
Current Mailing Address:			New Mailing Address:			
PO BOX 68	22252					
	, FL 32868					
	,					
FEI Number: 05-0542553 FEI Number Applied For () FEI Nur			mber Not Appl	icable ()	Certificate of Status Desired ()	
		the corporation did not receive	•			
Name and	Address of Current Re	gistered Agent:	Name and	Address	s of New Registered Agent:	
BRADY, BI	LL		BRADY, BI	LL		
9368 LAKE LOTTA CIR.			9368 LAKE LOTTA CIR.			
GOTCHA, FL 34734 US			GOTHA, FL 34734 US			
		s statement for the purpose of	of changing i	ts registe	ered office or registered agent, or both,	
in the State	of Florida.					
SIGNATURE:			07/08/2005			
	Electronic Signatur	e of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:	ED () Delete		Title:		() Change () Addition	
Name:	BRADY, BILL		Name:			
Address: City-St-Zip:	9368 LAKE LOTTA CIRCLE ORLADNO, FL 32868		Address: City-St-Zip:			
City-St-Zip.	OKLADNO, IL 32000		City-St-Zip.			
Title:	1VP () Delete		Title:		() Change () Addition	
Name: Address:	HENDERSON, SI 4401 MARTINS		Name: Address:			
City-St-Zip:	ORLADNO, FL 32808		City-St-Zip:			
	,					
Title:	T () Delete		Title:	T	(X) Change () Addition	
Name: Address:	FELIX, VANESSA 340 DENVER DR		Name: Address:			
City-St-Zip:	ORLANDO, FL 32812		City-St-Zip:		O, FL 32818	
Title:	2VP () Delete		Title:		() Change () Addition	
Name:	2VP () Delete ROBINSON, D.K.		Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BILL BRADY 07/08/2005 ED