2006 NOT-FOR-PROFIT CORPORATION

Mar 23, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N98000000460 03-23-2006 90009 013 ****61.25 ENTERPRISE CORAL SPRINGS, INC. Principal Place of Business Mailing Address 11805 HERON BAY BLVD. 11805 HERON BAY BLVD. POMPANO BEACH, FL 33076 POMPANO BEACH, FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 65-0802286 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAWLEY, PAUL F 11805 HERON BAY BLVD Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33076 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VC TITLE ☐ Defete TITLE Change Addition DITOCCO, MIKE NAME STREET ADDRESS 11030 WILES ROAD SUITE 101 STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition JOHN M. WALSH, SR 3111 N. UNIVERS, TY DR # 1050 CORAL SPRINGS, FL 33065 MOYLE, BERNARD T ESQ NAME NAME STREET ADDRESS 1875 SW 4 AVENUE STREET ADDRESS CfTY-ST-7IP DELRAY BEACH, FL 33444 CITY-ST-ZIP TITLE **Delete** TITLE Addition NAME WEBER, TOM NAME STREET ADDRESS 3111 N UNIVERSITY DR., 725 STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TILE ☐ Addition BROWN-BURTON, LORNA NAME NAME STREET ADDRESS 1041 SOUTHEAST 17 STREET STREET ADDRESS FORT LAUDERDALE, FL 33316 CITY - ST - ZIP CITY-ST-71F TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change _ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79P

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 617, 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

Daytime Phone #

FILED