2006 FOR PROFIT CORPORATION

changed, or on an attachment with an addre

with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 17, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P00000000407** MAVÉRICK ENTERPRISES, INC. Principal Place of Business Mailing Address 440 SE 15TH AVENUE PO BOX 10843 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33061 US 01112006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0970866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERRY, GEORGE DO NOT WRITE 440 SE 15TH AVENUE POMPANO BEACH, FL 33060 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 \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PERRY, GEORGE STREET ADDRESS 440 SE 15TH AVENUE CITY-ST-ZIP POMPANO BEACH, FL 33060 100000349537 01/20/06-80009-005 190.00 PERRY, GEORGE NAME STREET ADDRESS 440 SE 15TH AVENUE CITY - ST - ZIP POMPANO BEACH, FL 33060 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP 71728 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

MES.

1-11-06