2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 08:00 A

| | AMMOAL | EFORI | | - | 0 | , | CC |
|---|--|-----------------------------------|----------------------------|--|---------------------------|---|------------------|
| 1. Entity Nam | MENT # P0000001087 enterprises of s. pasade | | | S | ecreta | ry of State | |
| Principal Place of Business 5232 3RD AVE S SAINT PETERSBURG, FL 33707 US Mailing Address 5232 3RD AVE S SAINT PETERSBURG, FL 33707 | | 7 US |] | 11 84 15 111 21 84 1711 11 87 11 | 100 1070 BY 107 (BIC) 10 | 14 12/14 1 | |
| DO NOT WRITE IN THIS SPACE | | | | 01172007 No Chg-P CR2E034 (11/05) 4. FEI Number | | | |
| | 6. Name and Address of Current Regi | stered Agent . | | ~ | 4 | | |
| CLARK, MICHAEL 5232 3RD AVE S SAINT PETERSBURG, FL 33707 | | | | | NOT WE HIS SPA | | |
| | named entity submits this statement for the ons of registered agent. | purpose of changing its registere | l ed office or register | ed agent, or both | h, in the State of Florid | a. I am familiar i | with, and accept |
| SIGNATURE Signature, typed or pnnled name of registered agent and title d'applicable (NOTE: Registered Agent | | | | l when reinstating) | | DATE | |
| FILI After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | ncing \$5. | .00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND DIRE | CTORS | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARK, MICHAEL 5232 3RD AVE S SAINT PETERSBURG, FL 33707 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARK, STARLING 5232 3RD AVE S SAINT PETERSBURG, FL 33707 | | | | U00 04/05/ | 00068309: 07-80031 | 9 -008 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | DO | NOT WE | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | | | |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP | | | | | ٠ | | |
| TITLE NAME | | | | | | • | |

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 attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STARTING AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 321-2790 Daytime Phone #