

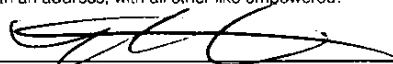


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90071 019 \*\*\*150.00

<b>DOCUMENT # P00000018363</b> 1. Entity Name <b>ENG'S BROTHER, INC.</b>																													
Principal Place of Business <b>1732 ACKER ST ORLANDO, FL 32837</b>			Mailing Address <b>1732 ACKER ST ORLANDO, FL 32837</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																											
6. Name and Address of Current Registered Agent  <b>ENG, LEN-MEU 1732 ACKER ST ORLANDO, FL 32837</b>				7. Name and Address of New Registered Agent Name <b>ENG, LEM-MEU</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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:  DATE: <b>01/10/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ENG, LEN-MEU</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1732 ACKER ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32837</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	ENG, LEN-MEU		STREET ADDRESS	1732 ACKER ST		CITY - ST - ZIP	ORLANDO, FL 32837		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ENG, LEM-MEU</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1732 ACKER ST.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32837</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ENG, LEM-MEU		STREET ADDRESS	1732 ACKER ST.		CITY - ST - ZIP	ORLANDO, FL 32837	
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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:  Date: <b>01/10/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #</small>																													