2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P000000644 ENTERPRYZES INTERNATI			04-24-2006 9	90440 005 ***15	50.00		
Principal Place	e of Business	Mailing Address	<u></u>			F00400	ስ ስ ስ	
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	BEACH, FL 33409	STE. 211 WEST PALM BEACH, FL. 3	33409 ·					
2. Principal Place of Business 23935. Com		rgress A	νe. 					
Suite, Apt.	P2000 #442	Suite, Apt. #, etc. 300	<u> </u>	<u>)</u> 04212006	Chg-P	CR2E034 (11/05		
City & State	Palm Beach	City & State West Pal	m Bea	4. FEI Numi 65-10			Applied For Not Applicable	
3346	26 Country A	33406	Country USA		e of Status Desired	See Requir		
<u> </u>	6Name and Address of Current R	legistered Agent	Name	7. Name an	d Address of New R	egistered Agent		
GRAND-TENNYSON, CHRISTINA 4047 OKEECHOBEE BLVD. STE. 211 WEST PALM BEACH, FL 33409				Street Address (P.O. Box Number is Not Acceptable)				
								
	·.		City		<u> </u>	FL Zip Co	de	
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 positive agent.								
SIGNATURE Mand Christial Grand 4/20/06								
Signalus system of registered agent and little if applicable. (NOTE: Registered Agent signalure required when reinstating) DATE								
	Signature typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating)	<u>t1</u>	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign	n Financing	\$5.00 May Be Added to Fees		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	(()	DATE	RS IN 11	
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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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 561-2 48-8800 Daytime Phone #