2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P00000077457 1. Entity Name **ENSIGN EXPORT CORPORATION** Principal Place of Business Mailing Address PO BOX 430837 521 SAN SERVANDO MIAMI, FL 33243 CORAL GABLES, FL 33134 CR2E034 (11/05) 04112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3749361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOYLAN, CLINT C 521 SAN SERVANDO CORAL GABLES, FL 33143 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. If am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MOYLAN, CLINT C **521 SAN SERVANDO** STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33143 TITI F U00000505332 04/26/06-80113-003 158.75 NAME STREET ADDRESS CITY-ST-ZIP MLE MARSE STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

CICNIATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

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4-10-06

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