

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90050 050 ***150.00

DOCUMENT # P00000117944 1. Entity Name ENSOLUTIONS, INC.			
Principal Place of Business 1029 N FLORIDA MANGO RD SUITE #7 WEST PALM BEACH, FL 33409		Mailing Address 1029 N FLORIDA MANGO RD SUITE #7 WEST PALM BEACH, FL 33409	
2. Principal Place of Business 7151 Tradition Cove Lane E.		3. Mailing Address 10130 Northlake Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 214-105	
City & State West Palm Beach		City & State West Palm Beach, FL	
Zip 33412		Zip 33412	
Country Palm Beach		Country Palm Beach	
4. FEI Number 65-1082064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, ALAN ESQ 4869-4 OKEECHOBEE BLVD. WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name Howard A. Fredericks Street Address (P.O. Box Number is Not Acceptable) 7151 Tradition Cove Lane East City West Palm Beach FL Zip Code 33412	
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 Howard A. Fredericks VP 2/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FREDERICKS, HOWARD A 7151 TRADITION COVE LANE EAST WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LYNCH, ROBERT L 1029 N FLORIDA MANGO RD #7 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10130 Northlake Blvd #214-105 West Palm Beach, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Howard A. Fredericks VP 2/4/05 581-684-9770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			