


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State


04-09-2007 90060 037 ***150.00

DOCUMENT # P01000016659 1. Entity Name 3-D ENTERPRISES OF N.E. FL., INC.	
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Principal Place of Business 401 MINNESOTA AVE. SATSUMA, FL 32189	Mailing Address 401 MINNESOTA AVE. SATSUMA, FL 32189
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DO NOT WRITE IN THIS SPACE

40053300



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3696143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOWDY, DAVID 401 MINNESOTA AVE. SATSUMA, FL 32189	DO NOT WRITE IN THIS SPACE
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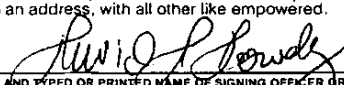
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, DAVID 401 MINNESOTA AVE. SATSUMA, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDY, KIMBERLY 401 MINNESOTA AVE. SATSUMA, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  **4/10/07 (386)328-5163**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #