## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P01000050302 1. Entity Name ETP ENTERPRISES, INC. Mailing Address Principal Place of Business 12289 NORTHWEST 57TH ST. 12289 NORTHWEST 57TH ST. CORAL SPRINGS, FL 33076-3643 CORAL SPRINGS, FL 33076-3643 No Chg-P CR2E034 (10/03) 02192005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1105917 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE HANNA, THOMAS R 12289 NORTHWEST 57TH ST. CORAL SPRINGS, FL 33076-3643 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. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HANNA, THOMAS R NAME STREET ADDRESS 12289 NORTHWEST 57TH ST. CORAL SPRINGS, FL 330763643 CITY-ST-ZIP TITLE U00000356769 05/04/05-80049-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TODE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

Thomas R.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE(2

FILED