## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2008 08:00 AN Secretary of State

ANNUAL REPORT					Apr 29, 2008 08:00		
<ol> <li>Entity Name</li> </ol>	IENT # P010000589 ITERPRISES, INC.	15			Se	ecretary of Sta	
Principal Place of 4794-C WOODL TALLAHASSEE,	ANE CIR.	Mailing Address 4794-C WOODLANE CIR. TALLAHASSEE, FL 32303			 		
DO NOT WRITE IN THIS SPAC				04222008 4. FEI Numb 59-372	04222008 No Chg-P CR2E034 (11/05)  4. FEI Number		
6. Name and Address of Current Registered Agent  HALL, JOHNNIE  220 HALL LANE  QUINCY, FL 32351				DO NOT WRITE 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.  SIGNATURE  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution				5.00 May Be dded to Fees			
STREET ADDRESS 2	OFFICERS AND DIR HALL, JOHNNIE 220 HALL LANE QUINCY, FL 32351	ECTORS	-		U000009 65/22/08-8	32303 0050-001 158.75	
TITLE NAME STREET ADDRESS CITY. ST. ZIP  ITTLE NAME STREET ADDRESS CITY. ST. ZIP	AME IRLET ADDRESS TY-ST-ZIP TLE AME IRLET ADDRESS			DO NOT WRITE IN THIS SPACE			
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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SMALL SONANIE HA!

4-21-08

8505620538

Daytime Phone