

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000072891

Entity Name: ENTERPRISE 24X7 INC.

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12908  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 59-3734707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRISTOFARI, MARCO  
Address: 515 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP  
Name: WATERS, KATHRYN J  
Address: 515 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP  
Name: ERIMEZ, ESRA  
Address: 515 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN J WATERS

VP

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date