2006 FOR PROFIT CORPORATION

ANNUAL REPORT								
DOCUMENT 3 1. Entity Name ENGEPER AMERIC								
Principal Place of Business 416 COMMERCE WAY SUITE 170		Mailing Address 416 COMMERCE WAY SUITE 170		,				
LONGWOOD, FL 32750	US	LONGWOOD, FL 32750	US					
				•				

FILED Jul 10, 2006 08:00 AM Secretary of State

Princed Pace of Business 416 COMMERCE WAY SUITE 170 LONGWOOD, PL 32750 US DO NOT WRITE IN THIS SPACE Applied For Section of Space Deplied Applied For Section of Section Of Section Deplied Applied For Section Of Secti							
DO NOT WRITE IN THIS SPACE A FFI Number 59-3737662	416 COMME Suite 170	RCE WAY	116 COMMERCE WAY Suite 170	,	- . 	1941 <u>414 1841 1911</u> 911	13 13 15
ANDRADE ARGEMIRO O 4.16 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750 DO NOT WRITE IN THIS SPACE 8. The spoke named entry submits his spacement for the autopas of cardicine A registered agent, and the space of the obligatings of the space of the obligating of the space of the obligatings of the space of the obligating of the space of the obligating of the space of the obligating of the space of the obligations of the obligation							
S-9-3737662 Not Applicable 5-9-3737662 Status Desired Status Statu					07032006	No Chg-P	CR2E034 (11/05)
6. Name and Address of Current Registered Agent ANDRADE. ARGEMIRO O 416 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750 8. The above remark any authorise his estenment for the process of participation of the collegations of status by the state of Florida. Tent terminar with and accept the collegations of status by the state of Florida. Tent terminar with and accept the collegations of status by the state of Florida. Tent terminar with an accept the collegations of status by the state of Florida. Tent terminar with an accept the collegations of states of Florida. Tent terminar with an accept the collegations of states of Florida. Tent terminar with an accept the collegations of states of Florida. Tent terminar with an accept the collegations of states of Florida. Tent terminar with an accept the collegations of states of Florida. Tent terminar with an accept the collegations of states of Florida. Tent terminar with an accept the collegations of the states of Florida. Tent terminar with an accept the collegations of the states of Florida. Tent terminar with an accept the collegations of the states of Florida. Tent terminar with an accept the collegations of the states of Florida. Tent terminar with an accept the collegations of the states of Florida. Tent terminary with an accept the collegations of the states of Florida. Tent terminary that the states of Florida		OO NOT WRITE II	N THIS SPA	CE	4. FEI Numbe	 er	Applied For
S. Name and Address of Current Registered Agent ANDRADE ARGEMIRO O 416 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750 B. The above named early submits the statement for the purpose of circling—6 registered office or registered agent, or both in the State of Florida. I am lamillar with, and accept the colligatings of discussed agent. SIGNATURE FILE NOWIII FEE IS \$550.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS ANDRADE. ARGEMIRO O SIRCE Hageered Agent Springer name aren were registered agent, or both in the State of Florida. I am lamillar with, and accept the colligatings of discussed agent. PLE NOWIII FEE IS \$550.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS ANDRADE. ARGEMIRO O SIRCE HAGE AND ANDRADE. ARGEMIRO O SIRCE HAGE AGENT AND ANDRADE ARGEMIRO O SIRCE HAGE AGENT ANDRADE ARGEMIRO O SIRCE HAGE AGENT ANDRADE ARGEMIRO O SIRCE HAGE AGENT AND ANDRADE ARG					59-373	7662	
ANDRADE. ARGEMIRO O 416 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750 8. The above named eye submits this statement for the purpose of changing is registered office or registered agent, or both in the State of Florida. I am familiar with and accept the colligations of professional agent. SIGNATURE Part Pagener Apert synchra nome of minimals in the state of Florida. I am familiar with and accept the colligations of professional agent.			• • • • • • • • • • • • • • • • • • • •	-	5. Certificate	of Status Desired	Fee Required
### ANDRADE. ARGEMIRO O SIRES ADDRESS ### ANDRADE. ARGEMIRO O SIRES ADDRESS ### ANDRADE. ARISENS CONTYS 1-79 LONGWOOD, FL 32750 ### AND		6. Name and Address of Current Regis	stered Agent				
Inter control state of printed area of agent. FILE NOWIII FEE IS \$550.00 9. Electron Campaign Financing \$5.00 May Be Added to Pees	416 COMM SUITE 170	MERCE WAY					
FILE NOWIII FEE IS \$55.0.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 10.	the obligat	tions of additional agent.				h, in the State of Flo	·
Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000569047 07/11/06-80010-004 550.00 MANDE ANDRADE, ARGEMIRO O 416 COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750 IIILE ANDRADE, ARIVANY CALDAS O 416 COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750 ITALE ANDRADE ARIVANY CALDAS O 416 COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750 ITALE ITALE NAME SIREET ADDRESS CITY-S1-7P DO NOT WRITE IN THIS SPACE IN THIS SPACE SIREET ADDRESS CITY-S1-7P AMME SIREET ADDRESS CITY-S1-7P TILE NAME SIREET ADDRESS CITY-S1-7P TILE NAME SIREET ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P TO NOT WRITE IN THIS SPACE THE ADDRESS CITY-S1-7P THE ADDRESS CITY-S1-	-	Signature, speed or printed name of registered agent and title	if applicable (NOTE: Registere	ed Agent signature required	d when reinstaling)		DATE
ITILE NAME ANDRADE, ARGEMIRO O ANDRADE, ARGEMIRO O ANDRADE, ARGEMIRO O LONGWOOD, FL 32750 ITILE VP NAME ANDRADE, ARIVANY CALDAS O A16 COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750 ITILE ITILE NAME SIFIET ADDRESS SIFIE							
INLE NAME ANDRADE, ARGEMIRO O 416 COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750 INLE ANDRADE, ARIVANY CALDAS O STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 INLE NAME STREET ADDRESS CITY-ST-ZIP INLE INLE NAME STREET ADDRESS CITY-ST-ZIP INLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INLE NAME STREET ADDRESS STREET ADDRES	10.		CTORS			UOOOD	D569047
SIRET ADDRESS CITY-SI-2P LONGWOOD, FL 32750 IIILE ANDRESS ALSO CITY-SI-2P LONGWOOD, FL 32750 IIILE ANDRESS ALSO COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750 IIILE LONGWOOD, FL 32750 IIILE NAME SIRET ADDRESS CITY-SI-7P IIILE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-SI-7P IIILE NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-SI-7P IIILE NAME SIRET ADDRESS		1'				07/11/06	-80010-004 550.00
CITY-SI-2P LONGWOOD, FL 32750 IIILE VP ANDRADE, ARIVANY CALDAS O 416 COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750 IIILE NAME SIREEL ADDRESS CITY-SI-7P IIILE NAME STREEL ADDRESS CITY-SI-7P IIILE NAME SIREEL ADDRESS CITY-SI-7P IIILE NA							
NAME SIREE ADDRESS CITY-ST-7P LONGWOOD, FL 32750 TITLE NAME SIREET ADDRESS CITY-ST-7P DO NOT WRITE INTE INTHIS SPACE INTHIS SPACE INTHIS SPACE TITLE NAME SIREET ADDRESS CITY-ST-7P	CITY-SI-ZIP					•	
STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 DO NOT WRITE INTEL NAME STREET ADDRESS CITY-ST-ZIP INTEL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				1			
CITY-ST-ZIP DO NOT WRITE INTHE INTHIS SPACE IN THIS SPACE IN THE STREET ADDRESS CITY-ST-ZIP ITILE NAME SIREET	-						
NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TO NOT WRITE IN THIS SPACE IN THIS							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TABLE TO BE		/-					
CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TABLE STREET ADDRESS CITY- ST- ZIP 12. I hereby certify that the information supplied with this (titing does not qualify for the exemptions contained in Chapter 119. Elevida Statutes I further certify that the information							
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TABLE STREET ADDRESS CITY-S1-ZIP TABLE STREET ADDRESS CITY-S1-ZIP TABLE TABL		-		1	DO	NOT W	RITE
TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes Liturber certify that the information	TITLE				INI T	THIS SE	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby Certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes Liturber certify that the information					11.4	I MIS SE	ACE
TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 12. Thereby Certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information		'					
NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes Lifting that the information				1			
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information.							
TITLE NAME STREET ADDRESS CITY-S1-2IP 12. Thereby Certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information.							
NAME STREET ADDRESS CITY-SI-ZIP 12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	CITY-SI-ZIP			.[
STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information symplied with this filing does not qualify for the exemptions contained in Chapter 110. Florida Statutes. Liturber certify that the information							
CITY-ST-ZIP 12. I hereby certify that the information sumplied with this fiting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information							
12. Thereby certify that the information sumplied with this filling does not qualify for the exemptions contained in Changer 110. Florida Statutes I further certify that the information		_					
	12. I hereby o	Certify that the information supplied with this t	iling does not qualify for the ex-	emotions contained	l in Chanter 110	Florida Statuten I	further certify that the information

of the corporation or the receiver of trustee empowered to exchanged, or on an attachment with an address, with all other

Daytime Prione #