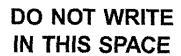
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000106398 **Secretary of State** 1. Entity Name ENSUREN ENTERPRISES, INC. Principal Place of Business Mailing Address 6905 WEST BROWARD BLVD., SUITE #105 6905 WEST BROWARD BLVD., SUITE #105 PLANTATION, FL 33317 PLANTATION, FL 33317 01252006 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0900735 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETERS, RONDELL A DO NOT WRITE 6905 WEST BROWARD BLVD., SUITE #105 PLANTATION, FL 33317 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 protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PETERS, RONDELL A NAME STREET ADORESS 6905 WEST BROWARD BLVD., SUITE #105 CITY-ST-ZIP PLANTATION, FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP



Davitime Prione #

Applied For

Not Applicable

CITY-ST-ZIP		1		
indicated of the co	certify that the information supplied with this filing does not qualify for the exit on this report or supplemental report is true and accurate and that my signal portation or the receiver of trustee empowered to execute this report as required on a stratchment with an address, with all other like empowered.	ure shall have the same legal :	effect as if made under eath: the	it i am an oificer or dìrector.

of the corporation or the receiver or trustee empowered to execute this report as require changed, or on an attachment with an address, with all other like empowered.	ed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11
changed, or on an attachment with an address, with all other like empowered.	_
	•
SIGNATURE: Tordell G. Roman A.	Petens 1-25-06 954-581-0301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS

MAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP TITLE