


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31 2006 08:00 AM
Secretary of State
You're in good hands.

DOCUMENT # P01000106398	
1. Entity Name ENSUREN ENTERPRISES, INC.	

Principal Place of Business 6905 WEST BROWARD BLVD., SUITE #105 PLANTATION, FL 33317	Mailing Address 6905 WEST BROWARD BLVD., SUITE #105 PLANTATION, FL 33317
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0900735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PETERS, RONDELL A
6905 WEST BROWARD BLVD., SUITE #105
PLANTATION, FL 33317

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, RONDELL A 6905 WEST BROWARD BLVD., SUITE #105 PLANTATION, FL 33317
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02/08/06-80056-016 150.00

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: Rondell A. Peters **1-25-06** **954-581-0301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #