2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000002909

1. Entity Name

EMPRISE INDUSTRIES INC.



FILED Jan 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1180 SO. OCEAN BOULEVARD

1180 SO, OCEAN BOULEVARD SUITE #14C

SUITE #14C BOCA RATON, FL 33432

BOCA RATON, FL 33432



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CR2E034 (11/05) No Chg-P Applied For 4. FEI Number 26-0030720 Not Applicable

5. Certificate of Status Desired

01222007

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIZZARRO, DAWN R 1180 SO. OCEAN BOULEVARD SUITE #14C BOCA RATON, FL 33432

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| The above named entity submits this statement for the p the obligations of registered agent. | ourpose of changing its registered office or reg | jistered agent, or bot | h, in the State of Florida. I am familiar with, and accept |
|--|---|--------------------------------|--|
| SIGNATURE Signature, typed or printed name of registered agent and atte | d applicable (NOTE: Registered Agent signature re | quired when reinstating) | CATE |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | \$5.00 May Be Added to Fees | U00000605655 01/30/07-80045-011 150.00 |
| 10. OFFICERS AND DIREC | CTORS | | |

TITLE BIZZARRO, LEONARD NAME STREET ADDRESS 1180 S. OCEAN BL SUITE #14C BOCA RATON, FL 33432 CITY-ST-ZIP **PRES** TITLE NAME BIZZARRO, DAWN R 1180 S. OCEAN BL. #14C STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 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; the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate or or an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR