


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90055 007 ***150.00

DOCUMENT # P02000017261 1. Entity Name WITTENBERG ENTERPRISES, INC.					
Principal Place of Business 4097 NW 60TH CIR. BOCA RATON, FL 33496			Mailing Address 4097 NW 60TH CIR. BOCA RATON, FL 33496		
2. Principal Place of Business - No P.O. Box 4097 NW Briarcliff Circle		3. Mailing Address 39 Shore Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BOCA RATON FLA		City & State Great Neck NY		4. FEI Number 01-0610683	
Zip 33496		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 11024		Country USA		6. Name and Address of Current Registered Agent WITTENBERG, NOEL 4097 NW 60TH CIR. BOCA RATON, FL 33496	
7. Name and Address of New Registered Agent Name AUDREY GIDDON Street Address 4097 NW Briarcliff Circle City BOCA RATON FL 33496		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] DATE 2/19/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WITTENBERG, NOEL 4097 NW 60TH CIR. BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete Deceased		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPD WITTENBERG, ANN 4097 NW 60TH CIRCLE BOCA RATON, FL 33496 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIDDON, AUDREY 39 SHORE DR KING POINT, NY 11024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: [Signature] AUDREY GIDDON 2/19/08 516 776 3040					