


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # P02000031584 1. Entity Name BRAATZ ENTERPRISES, INC.		
Principal Place of Business 9996 SEMINOLE BLVD. SEMINOLE, FL 33772		Mailing Address 9996 SEMINOLE BLVD. SEMINOLE, FL 33772
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LYNCH, GARRICK J 9996 SEMINOLE BLVD. SEMINOLE, FL 33772		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT BRAATZ, NEIL 2131 RIDGE ROAD #56 LARGO, FL 337781608	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: <i>Neil Braatz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>1-23-07</i> Daytime Phone # <i>727-460-6514</i>



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0011723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000603209
01/29/07-80004-012 150.00

**DO NOT WRITE
IN THIS SPACE**