FILED Jun 04, 2007 8:00 am Secretary of State

	ANNO	AL REPORT		05-09-2007 90107 046 ***150.00	
1. Entity Nam	MENT # P020000 RLENBACH, P. A.	040841			
Principal Plac	e of Business	Mailing Address		66017673	
		<u> </u>		201/0/3	
2532 GARDE		2532 GARDEN ST		_	
TITUSVILLE,	FL 32796	TITUSVILLE, FL 32796			
				I INCHES IN PURE NEW SOLIS CONTROL OF THE PURE NEW YORK AND ADDRESS OF THE PURE NEW YORK AND ADDRES	
		•			
D	DO NOT WRITE IN THIS SPACE			04212007 No Chg-P CR2E034 (11/05)	
_			AOL	4. FEI Number Applied For 01-0689978 Nol Applied by	
				5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Cur	rent Registered Agent			
ERLENBA			İ	DO NOT WRITE	
2532 GAR				DO NOT WILL	
IIIOSVILI	.E, FL 32796			IN THIS SPACE	
				IN THIS SPACE	
8. The above	named entity submits this statement	nt for the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
ii ie ooligat	ions or registered agent.				
the obligations of registared/agen/ SIGNATURE Signature, refer of protection agent and site if applicable. (NOTE: Registered Agent signature required when remailiating) FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
		O. Floring Compain	- Cinnaia		
	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$5	'' .		5.00 May Be Ided to Fees	
10.	OFFICERS A	AND DIRECTORS			
TITLE	P		' -		
NAME	ERLENBACH, KURT				
	·				
STREET ADDRESS	2532 GARDEN ST				
CITY-ST-ZDP	TITUSVILLE, FL 32796				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP			i		
TITLE	· · · · · · · · · · · · · · · · · · ·				
NAME I					
STREET ADDRESS					
CITY-ST-ZIP				DO NOT WRITE	
				DO NO: WINIE	
tmre				IN THIS SPACE	
NAME				IN THIS SPACE	
STREET ADDRESS					
CHTY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP			l l		
	partily that the information arms!	with this filing does not available to	the exemptions and	Chartes AND Florida Distriction	
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 eath; 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.					
winded.	Or on an anacimient with an acon	, with the current and entitiowe/ed.		1	
SIGNAT	ude. ////	1 /	1 EdurbIN	1 1 6000 muy 6000	
SIGNATURE: SIGNATURE OF TYPE OF PRINTED NAME OFFICER OR ORSC		0.0056700	District Control of the Control of t		