## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000069248

Entity Name: NORTH CAPE ENTERPRISES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	2ND PLACE RAL, FL 33993	US			
Current Mailing Address:			New Mailing Address:		
	2ND PLACE RAL, FL 33993	US			
FEI Number:	04-3692725	FEI Number Applied For()  FEI Num	nber Not Appli	olicable ( ) Certificate of Status Desired ( )	
Name and	Address of Cur	rent Registered Agent:	Name and	d Address of New Registered Agent:	
SMEY, REN 2117 NW 4 CAPE COP		US			
The above in the State		omits this statement for the purpose o	f changing it	its registered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing Tr	rust Fund Contribution ( ).			
OFFICERS	AND DIRECTO	RS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST () De SMEY, RENEE 2117 NW 42ND PL CAPE CORAL, FL	ACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () De GRANCHI, RONAL 123 SW 39TH PLA CAPE CORAL, FL	D CE	Title: Name: Address: City-St-Zip:	DV (X) Change ( ) Addition GRANCHI, RONALD 1717 EMERALD COVE DRIVE CAPE CORAL, FL 33991 US	
Title: Name: Address: City-St-Zip:	D () De GRANCHI, MARSH 123 SW 39TH PLA CAPE CORAL, FL	A CE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GRANCHI, MARSHA 1717 EMERALD COVE DRIVE CAPE CORAL, FL 33991 US	
Title: Name: Address: City-St-Zip:	D () De SINGLEY, NORMA 1315 NW 17TH ST CAPE CORAL, FL	N	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De SINGLEY, LOUISE 1315 NW 17TH ST CAPE CORAL, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De PURDY, CAROL 3154 MEADOW RO WEST PALM BEAG	DAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE' SMEY

P 04/30/2008

Electronic Signature of Signing Officer or Director

Date