

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085828

Entity Name: MAKIL ENTERPRISES INC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

2939 SKYVIEW DRIVE
LAKE LAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

2939 SKYVIEW DRIVE
LAKE LAND, FL 33801

New Mailing Address:

FEI Number: 01-0739403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKIL, BABY A
2929 SKYVIEW DRIVE
LAKE LAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAKIL, BABY A
Address: 2929 SKYVIEW DRIVE
City-St-Zip: LAKE LAND, FL 33801

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: MAKIL, BABY A
Address: 2939 SKYVIEW DRIVE
City-St-Zip: LAKE LAND, FL 33801

Title: P () Change (X) Addition
Name: MAKIL, BABY A
Address: 2939 SKYVIEW DRIVE
City-St-Zip: LAKE LAND, FL 33801

Title: P () Change (X) Addition
Name: MAKIL, BABY A
Address: 2939 SKYVIEW DRIVE
City-St-Zip: LAKE LAND, FL 33801

Title: P () Change (X) Addition
Name: MAKIL, BABY A
Address: 2939 SKYVIEW DRIVE
City-St-Zip: LAKE LAND, FL 33801

Title: P () Change (X) Addition
Name: MAKIL, BABY A P
Address: 2939 SKYVIEW DRIVE
City-St-Zip: LAKE LAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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: BABY A MAKIL

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date