## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000091701

FILED Jan 14, 2006 Secretary of State

Entity Name: SHER-DEZ ENTERPRISES INC.		
Current Principal Place of Business:	New Principal Place of	Business:
6137 RHYTHM BLVD ORLANDO, FL 32808	6137 RHYTHM BLVD ORLANDO, FL 32808	OR
Current Mailing Address:	New Mailing Address:	
PO BOX 682485 ORLANDO, FL 32868	PO BOX 682485 ORLANDO, FL 32868	OR
FEI Number: 52-2370360 FEI Number Applied For() FEI Num	mber Not Applicable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
BROWN, SHERON 8137 RHYTHM BLVD ORLANDO, FL 32808 US		
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:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: VP () Delete Name: BROWN, SHERON Address: 6137 RHYTHM BLVD City-St-Zip: ORLANDO, FL 32808	Title: VP (X Name: BROWN, SHEI Address: 6137 RHYTHM City-St-Zip: ORLANDO, FL	BLVD

Address:

City-St-Zip:

() Delete Title: PD (X) Change ( ) Addition BROWN, DESMOND Name:

BROWN, DESMOND H Name: Address: 6137 RHYTHM BLVD

6137 RHYTHM BLVD ORLANDO, FL 32808 ORLANDO, FL 32808 OR City-St-Zip:

Title: Title: ( ) Change (X) Addition ( ) Delete CEO Name: Name: BROWN, DESMOND H Address: Address: 6137 RHYTHM BLVD City-St-Zip: City-St-Zip: ORLANDO, FL 32808 OR

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: DESMOND BROWN PD 01/14/2006