


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90333 048 ***150.00

DOCUMENT # P02000112802	
1. Entity Name THE ENTERPRISE TRADING CLUB, INC.	

Principal Place of Business POST OFFICE BOX 220884 WEST PALM BEACH, FL 33422-0884	Mailing Address POST OFFICE BOX 220884 WEST PALM BEACH, FL 33422-0884
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14001153



2. Principal Place of Business PO Box 940245	3. Mailing Address PO Box 940245
Suite, Apt. #, etc.	Suite, Apt. #, etc.

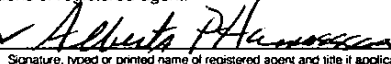
04242005 Chg-P CR2E034 (10/03)

City & State MAITLAND FL	City & State MAITLAND FL
Zip 32794	Zip 32794
Country ORANGE	Country ORANGE

4. FEI Number 16-1652499	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENNESSEE, ROBERT E 4142 ONEGA CIRCLE WEST PALM BEACH, FL 33409	
7. Name and Address of New Registered Agent Name ALBERTA P HENNESSEE Street Address (P.O. Box Number is Not Acceptable) 1000 WINTERLEY PL. TH 4 City MAITLAND FL Zip Code 32751	

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  P/S/D ALBERTA P. HENNESSEE	DATE 04/23/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HENNESSEE, ROBERT E P/D 4142 ONEGA CIRCLE WEST PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D ALBERTA P. HENNESSEE 1000 WINTERLEY PL TH 4 MAITLAND FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSHUA HENNESSEE 1000 WINTERLEY PL TH 5 MAITLAND FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  ALBERTA P. HENNESSEE	DATE 04/23/05	DAYTIME PHONE # 407 660 3055
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