2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000121614

1. Entity Name
ENDFORECLOSURE.COM, INC.

Principal Place of Business	Mailing Address
1531 SOUTH TAMIAMI TR SUITE 703 VENICE, FL 34285	1531 SOUTH TAMIAMI TR SUITE 703 VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1160789	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KHLEIF, AL
1531 SOUTH TAMIAMI TR
SUITE 703
VENICE, FL 34285

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KHLEIF, AL
STREET ADDRESS	1531 SOUTH TAMIAI TR SUITE 703
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80060-009 150.00

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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 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: _____ Al Khleif _____ 4/12/07 _____ 941-492-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #