2007 FOR PROFIT CORPORATION

FILED Anr 05. 2007 08:00 A tate

ANNUAL/REPORT					Apr 03, 2007 08:				
1. Entity Name	MENT # P020001332 ERPRISES, INC.	772				Secre	etary o	f Si	
Principal Place 545 BiRW00I TALLAHASSEI	D RD.	Mailing Address 545 BIRWOOD RD. TALLAHASSEE, FL 32304							
_	O NOT WRITE	CE.	03192007	No Chg-P	CR2E034				
D	O NOT WRITE	IN ITIIS SPA	CE	4. FEI Number 52-239			Applied Not App	olicable	
	6. Name and Address of Current Re	gistered Agent	1	1		F(ee Required	ار د	
JOYNER, S 545 BIRWK TALLAHAS			_	NOT W		٠.	~ ⁴ ,		
the obligati	named entity submits this statement for toons of registered agent.			·	th, in the State of Fl		miliar with, and a	ecept .	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Signature, typed or printed name of regestered agent and ide of applicable (NOTE: Registers) 9. Election Campaign Fina Trust Fund Contribution.				5.00 May Be ded to Fees		DATE			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI PD JOYNER, STEVEN R 545 BIRWOOD RD. TALLAHASSEE, FL 32304	RECTORS						***	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			-		04/12/07		010 150.	00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESS				NOT W THIS SI				
TITLE			I			x -		**	

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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

3-21-07 850-459-1044

Daylima Phone #