## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## Apr 28, 2006 08:00 AN Secretary of State **DOCUMENT # P02000133394** 1. Entity Name GEORGE MASSEY ENTERPRISES, INC. Principal Place of Business Mailing Address **451 MILL SPRINGS LANE 451 MILL SPRINGS LANE** PLANTATION, FL 33325 PLANTATION, FL 33325 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1166437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MASSEY, GEORGE DO NOT WRITE **451 MILL SPRINGS LANE** PLANTATION, FL 33325 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME MASSEY, GEORGE STREET ADDRESS 451 MILL SPRINGS LANE CITY-ST-ZIP PLANTATION, FL 33325 TITLE MASSEY, SANDRA L NAME 451 MILL SPRINGS LANE STREET ADDRESS 100000540714 05/10/06-80029-004 150.00 CITY-ST-ZIP PLANTATION, FL 33325 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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:

CITY-ST-ZIP

NATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

473-256

Date

FILED