

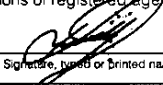
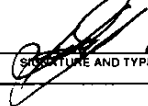


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90187 037 ***158.75

DOCUMENT # P03000020101 1. Entity Name FINPROP ENTERPRISES CORP.					
Principal Place of Business 1951 LEE ST. HOLLYWOOD, FL 33020			Mailing Address P.O. BOX 460027 FORT LAUDERDALE, FL 33346		
2. Principal Place of Business - No P.O. Box # 4911 SCHOONER DRIVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State FT. LAUDERDALE - FL		City & State		4. FEI Number 98-0392000	
Zip 33312		Country U.S.A		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLHUTER, KURT 1951 LEE ST. HOLLYWOOD, FL 33020 4911 SCHOONER DRIVE FT. LAUDERDALE - FL - 33312				7. Name and Address of New Registered Agent Name WOLHUTER, KURT Street Address (P.O. Box Number is Not Acceptable) 4911 SCHOONER DRIVE City FT. LAUDERDALE - FL Zip Code 33312	
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  KURT A. WOLHUTER (PRESIDENT) 04/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HODOUL, VICTOR 4 MILKWOOD SANDS 52 BURNHAN DR LA LUCIA NATALY, SO AFRICA,	<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	D WOLHUTER, KURT P.O. BOX 460027 FORT LAUDERDALE, FL 33346	<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	
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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 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:  KURT A. WOLHUTER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/19/07 954-873-1657 <small>Date Daytime Phone #</small>		