

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036415

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PRICELESS ENTERPRISES INC.

**Current Principal Place of Business:**

370 WESTERN RD  
NEW SMYRNA BCH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

370 WESTERN RD  
NEW SMYRNA BCH, FL 32168

**New Mailing Address:**

FEI Number: 45-0512611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRICE, GREGORY  
370 WESTERN RD  
NEW SMYRNA BCH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: PRICE, GREGORY  
Address: 370 WESTERN RD  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VS ( ) Delete  
Name: PRICE, APRIL  
Address: 370 WESTERN RD  
City-St-Zip: NEW SMYRNA BCH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY PRICE

PRES

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date