

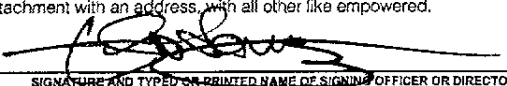


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000053757			
1. Entity Name FRANK LORENZ YNTERPRISES, INC.			
Principal Place of Business 1253 GOVERNOR'S CREEK DRIVE GREEN COVE SPRINGS, FL 32043	Mailing Address 1253 GOVERNOR'S CREEK DRIVE GREEN COVE SPRINGS, FL 32043		
DO NOT WRITE IN THIS SPACE			
		03202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 56-2358273	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORENZ, FRANK A 1253 GOVERNOR'S CREEK DRIVE GREEN COVE SPRINGS, FL 32043		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000477123 04/06/06-80039-020 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LORENZ, FRANK A 1253 GOVERNOR'S CREEK DRIVE GREEN COVE SPRINGS, FL 32043		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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: 		3/20/06 904476 4848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	