2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-02-2007 90028 014 ***150.00
P03000073517

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000073517

1. Entity Name
ANOINTED ENTERPRISES INC

Principal Place of Business	Mailing Address
378 BEAVER RD OSTEEN FL 32764	1041 UNDERHILL BRANCH RD OSTEEN FL 32764-9375

1st MOORE CR2E034 (10/06) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1041 UNDERHILL BRANCH	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OSTEEN FL.	City & State
Zip: 32764 Country: VOLUSIA	Zip Country

4. FEI Number 03-0533565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VINUELA, JACINTO 378 BEAVER RD OSTEEN FL 32764	Name: Adriana B. Viñuela Street Address (P.O. Box Number is Not Acceptable): 7300 SW 132 Ave. City: Miami FL Zip Code: 33183

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] 2/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	V VINUELA, JACINTO 1041 UNDERHILL BRANCH RD OSTEEN FL 32764-9375 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P VINUELA, ADRIANA B. 7300 SW 132 Ave. Miami FL 33183 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/23/07 321-299-4245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #