


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90057 012 ***150.00

DOCUMENT # P03000078423	
1. Entity Name BOUNAUITO ENTERPRISES, INC.	

Principal Place of Business 1155 MALABAR RD. SUITE 5 PALM BAY FL 32907	Mailing Address 1155 MALABAR RD. SUITE 5 PALM BAY FL 32907
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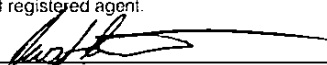


2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1421 Tamargo DR Suite, Apt. #, etc. West Melbourne City & State FL Zip 32904
City & State	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-0095358		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOUNAUITO, DANIELLE 1155 MALABAR RD. SUITE 5 PALM BAY FL 32907		7. Name and Address of New Registered Agent Name Justin Bounauito Street Address (P.O. Box Number is Not Acceptable) 1421 Tamargo DR City West Melbourne FL Zip Code 32904

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  DATE **2-8-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOUNAUITO, DANIELLE		NAME	
STREET ADDRESS 391 ABELLO ROAD SOUTHEAST		STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL 32909		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOUNAUITO, DIANE		NAME	
STREET ADDRESS 384 GODFREY ROAD SOUTHEAST		STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL 32909		CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Justin Bounauito		NAME	
STREET ADDRESS 1421 Tamargo DR		STREET ADDRESS	
CITY-ST-ZIP W. Melbourne FL 32904		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **2-8-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #