

2007 FOR PROFIT CORPORATION ANNUAL REPORT


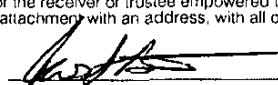
FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90093 049 ***150.00

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01232007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000078423			
1. Entity Name BOUNAUITO ENTERPRISES, INC.			
Principal Place of Business 1155 MALABAR RD. SUITE 5 PALM BAY, FL 32907		Mailing Address 1421 TAMANGO DR WEST MELBOURNE, FL 32904	
2. Principal Place of Business - No P.O. Box # 4270 Minton RD		3. Mailing Address	
Suite, Apt. #, etc. Ste 104		Suite, Apt. #, etc.	
City & State W. Melbourne FL		City & State	
Zip 32904	Country U.S	Zip	Country
6. Name and Address of Current Registered Agent BOUNAUITO, JUSTIN 1421 TAMANGO DR WEST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaigns 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	P BOUNAUITO, DANIELLE 391 ABELLO ROAD SOUTHEAST PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Justin Bounauido 1421 Tamango Dr West Melbourne FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOUNAUITO, DIANE 384 GODFREY ROAD SOUTHEAST PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP UP Danielle Bounauido Biancotti 391 Abello RD SE Palm Bay FL 32909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOUNAUITO, JUSTIN 1421 TAMANGO DR WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Diane Bounauido 384 Godfrey RD SE Palm Bay FL 32909 <input checked="" 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
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
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: 		1-25-07 321-508-4576	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	