


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90048 038 \*\*\*150.00

<b>DOCUMENT # P03000098522</b> 1. Entity Name <b>CONNICK INTERNATIONAL ENTERPRISES, INC.</b>			
Principal Place of Business <del>1400 KASS CIRCLE</del> <b>SPRING HILL, FL 34606</b>		Mailing Address <del>1400 KASS CIRCLE</del> <b>SPRING HILL, FL 34606</b>	
2. Principal Place of Business - No P.O. Box # <b>13146 Spring Hill Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>13146 Spring Hill Dr</b> Suite, Apt. #, etc.	
City & State <b>Spring Hill, FL</b>		City & State <b>Spring Hill, FL</b>	
Zip <b>34609</b>		Zip <b>34609</b>	
Country <b>us</b>		Country <b>us</b>	
4. FEI Number <b>54-2143860</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LAVIGNE, JAMES R. ESQ.</b> <b>7087 GRAND NATIONAL DRIVE</b> <b>SUITE 100</b> <b>ORLANDO, FL 32819</b>		7. Name and Address of New Registered Agent Name <b>Vincent Connick</b> Street Address (P.O. Box Number is Not Acceptable) <b>13146 Spring Hill Dr</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34609</b>	
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 <u><i>Vincent Connick</i></u> DATE <b>1-29-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNICK, VINCENT 13146 SPRING HILL DR. SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNICK, MARY 13146 SPRING HILL DR. SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNICK, MARY 13146 SPRING HILL DR. SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNICK, MARY 13146 SPRING HILL DR. SPRING HILL, FL 34609	<input type="checkbox"/> Delete	<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: <u><i>Vincent Connick</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-29-07</b> Daytime Phone # <b>352-683-1203</b>	