


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000103267

1. Entity Name
ATTENTION 2 DETAILS ENTERPRISES, INC.



Principal Place of Business 22523 EAGLES WATCH DRIVE LAND O' LAKES, FL 34639	Mailing Address 22523 EAGLES WATCH DRIVE LAND O' LAKES, FL 34639
---	---

DO NOT WRITE IN THIS SPACE



08142006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3127540	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

**MCVAY, SHAUN
 22523 EAGLES WATCH DRIVE
 LAND O' LAKES, FL 34639**

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

**FILE NOW!!! FEE IS \$550.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCVAY, SHAUN 22523 EAGLES WATCH DRIVE LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000576104
 09/05/06-80009-008 \$50.00

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: *Shaun McVay* **Shaun McVay** 9/1/06 813-390-4452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #