


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90016 034 ***150.00

DOCUMENT # P03000110596	
1. Entity Name DAVID CETOUTE, INC.	

Principal Place of Business 6001 N FALLS CIR DR SUITE 110 LAUDERHILL, FL 33319	Mailing Address 6001 N FALLS CIR DR SUITE 110 LAUDERHILL, FL 33319
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2. Principal Place of Business - No P.O. Box # 6001 N FALLS CIR. DR	3. Mailing Address 6001 N FALLS CIR. DR
Suite, Apt. #, etc. 110	Suite, Apt. #, etc. 110

City & State LAUDERHILL, FL	City & State LAUDERHILL, FL
Zip 33319	Zip 33319
Country BROWARD	Country BROWARD



02182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CETOUTE, DAVID 5320 NW 11TH ST., #106 LAUDERHILL, FL 33313	
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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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 D	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CETOUTE, DAVID		NAME CETOUTE, DAVID	
STREET ADDRESS 6001 N FALLS CIR DR SUITE 110		STREET ADDRESS 6001 N FALLS CIR. DR. #110	
CITY-ST-ZIP LAUDERHILL, FL 33319		CITY-ST-ZIP LAUDERHILL, FL 33319	
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	
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 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: *David Cetoute* **CETOUTE, DAVID** 02/24/07 954-325 3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #