


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90363 045 ***150.00

DOCUMENT # P03000114004					
1. Entity Name ENB ACQUISITION CORP.					
Principal Place of Business 3980 RCA BLVD STE 8012 PALM BEACH GARDENS, FL 33410			Mailing Address 3980 RCA BLVD STE 8012 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 20-0301494	
				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			7. Name and Address of New Registered Agent		
BOLLINGER, MICHAEL R 3980 RCA BLVD STE 8012 PALM BEACH GARDENS, FL 33410			Name Ted Tetrick		
			Street Address (P.O. Box Number is Not Acceptable) 3980 RCA BLVD STE 8012		
			City PALM BEACH GARDENS FL Zip Code 33410		
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: <i>Ted A. Tetrick</i>		Ted Tetrick, President & Director		4/12/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORTER, JOSEPH T		NAME		
STREET ADDRESS	3980 RCA BLVD STE 8012		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, JEANNE K		NAME		
STREET ADDRESS	3980 RCA BLVD STE 8012		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOLLINGER, MICHAEL R		NAME	Director	
STREET ADDRESS	3980 RCA BLVD STE 8012		STREET ADDRESS	Ted Tetrick	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410		STREET ADDRESS	3980 RCA BLVD STE 8012	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410		CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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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: <i>Ted A. Tetrick</i>		Ted Tetrick		4/12/06 561-776-6571	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	