

FILED

Apr 14, 2006 08:00 AM  
Secretary of State**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000120966</b>                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                      |
| 1. Entity Name<br><b>PUCI ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                                                                                                       |
| Principal Place of Business<br><b>8824 BRIERWOOD RD<br/>JACKSONVILLE, FL 32257</b>                                                                                                                                                                                                                                                                                             | Mailing Address<br><b>8824 BRIERWOOD RD<br/>JACKSONVILLE, FL 32257</b> |                                                                                                                                                                                       |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><br><b>PUCI, NJAZI<br/>8824 BRIERWOOD RD<br/>JACKSONVILLE, FL 32257</b>                                                                                                                                                                                                                                                     |                                                                        | <b>U000000508132<br/>04/27/06-80091-004 150.00</b><br><br><b>04102006 No Chg-P CR2E034 (11/05)</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.                                                                                                                                                  |                                                                        | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                     |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                 |                                                                        | <small>(NOTE: Registered Agent signature required when rechartering)</small><br>DATE _____                                                                                            |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                  |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>                                                            |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                 | D<br>PUCI, NJAZI<br>8824 BRIERWOOD RD<br>JACKSONVILLE, FL 32257        |                                                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                                                                                       |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                                                                                       |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                                                                                       |
| 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 |                                                                        |                                                                                                                                                                                       |