


2007 FOR PROFIT CORPORATION ANNUAL REPORT

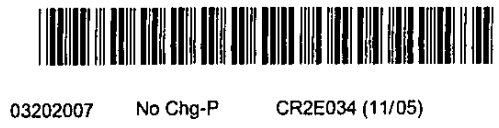
FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000032516
 1. Entity Name
 ARMEL ENTERPRISES, INC.



Principal Place of Business 179 N. CAUSEWAY NEW SMYRNA, FL 32169	Mailing Address 179 N. CAUSEWAY NEW SMYRNA, FL 32169
--	--

DO NOT WRITE IN THIS SPACE



4. FEI Number 38-2822594	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
 ARMEL, WILLIAM
 179 N. CAUSEWAY
 NEW SMYRNA, FL 32169

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)

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	PD ARMEL, WILLIAM 179 N. CAUSEWAY NEW SMYRNA, FL 32169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARMEL, LINDA 179 N. CAUSEWAY NEW SMYRNA, FL 32169
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	

U00000677876
 04/02/07-80010-020 150.00

DO NOT WRITE IN THIS SPACE

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 or without other like empowered.

SIGNATURE: William H. Armel / 3/23/07 (386)-428-2341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #