2008 FOR PROFIT CORPORATION ANNUAL REPORT

	ANTOAL				_					
DOCUMENT # P04000115126						TLED				
1. Entity Name LOUIE ENTERPRISES INC.										
					<u> </u>	08 SEP 2	2 PM 3	: 40		
Principal Place of Business Mailing Address						JULIE LA	Y OF S	TATE		
16802 TOBACO RD					1	TALLAHAS	ott. FL	URIDA		
						n ethi sien ethi sen s		 		
Principal Place of Business - No P.O. Box # 3. Mailing Address										
3325 OAKWOOD DR. 3325 OAKWOOD DR. Suite, Apt. #, etc.						ft Bath Gian Cath Gaith P	aisi fisai itasi A	THI STATE INDIA PA	TREAT IN CERT	
Suite, Apt. #, etc.					09142008	Chg-P	CR2E0	34 (12/06)		
City & State	EY CHAPEL FL.	EL. FL	4. FEI Numb				plied For t Applicable			
Zip Country Zip Cour				rv		e of Status Desired	П	\$8.75 Add		
3354		33543	<i>⊥84</i>	150				Fee Require	<u> </u>	
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent				
						P.O. Box Number is Not Acceptable)				
TAMPA, FL 33604					,					
				3325 OAKWOOD DA.						
CityWeSI						LAPEL	FL	Zip Code 333	73	
8. The above named entry 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 Synthypoto & SYNLOP dome of bury-fered agent and title regulated. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing \$5. Trust Fund Contribution. Adde						In accordance corporation di	with s. 607 I not receiv	.193(2)(b), e the prior r	F.S., the iotice.	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	PTS Delete TITL SAUCEDO, LOUIE NAM 6908 N OLA AVE SIR			J°	T5. 0			☑ Change	Addition	
NAME STREET ADDRESS				TADORESS 3	DORESS 3325 OAKWOOD DR.					
CITY-ST-ZIP	'AMPA, FL 33604 cr			I	ESLEY Chapel, FL. 33543			43		
TITLE		☐ Delete	TITLE NAME		1	\		☐ Change	☐ Addition	
NAME STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	СПУ			ST-ZIP	800196264708					
TITLE NAME	☐ Delete ☐ ITIL				09/23/0801047002 (\$\frac{1}{2}\$1					
STREET ADDRESS	STRE									
CITY-ST-ZIP			CITY-	ST-ZIP						
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CITY-\$1-ZIP				ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify true and accurate and that	for the exer	mptions contain ure shall have th	ed in Chapter 11 e same legal effe	9, Florida Statutes. ct as if made unde	I further cert	ify that the in	formation or director	
l of the cor	poration or the receiver of trustee empor or on an attachment with an address, w	wered to execute this repo	rt as require	ed by Chapter 6	07, Florida Statut	es; and that my nar	ne appears i	n Block 10 or	Block 11 if	
SIGNATURE: \ 9-17-08										
SIGNAT	URE:	DAN BURNING OFFICE	R OR DIRECTO	OR		7 - 1 / -	<u> </u>	aytime Phone #		
Ĺ <u> </u>		<u> </u>								