


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90031 026 ***150.00

DOCUMENT # P04000117148
 1. Entity Name
 SOMMERVILLE ENTERPRISES, INC.




Principal Place of Business Mailing Address
 426 PALM DR 426 PALM DR
 OVIEDO, FL 32765 OVIEDO, FL 32765

2. Principal Place of Business 3. Mailing Address
 2833 Summerbrookway 2833 Summerbrookway
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Casselberry Florida Casselberry Florida
 Zip Country Zip Country
 32707 Seminole 32707 Seminole

4000



02282006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-1480505 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SOMMERVILLE, KYLE
 426 PALM DR
 OVIEDO, FL 32765

7. Name and Address of New Registered Agent
 Name Kyle Somerville
 Street Address (P.O. Box Number is Not Acceptable) 2833 Summerbrookway
 City Casselberry FL Zip Code 32707

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 Kyle Somerville DATE 3-16-06

Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	SOMMERVILLE, KYLE	
STREET ADDRESS	426 PALM DR	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST, owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Somerville, Kyle	
STREET ADDRESS	2833 Summerbrookway	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Kyle Somerville Date 3-16-06 (407) 461-1840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #