## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2006 8:00 am Secretary of State

ANNOAL REPORT							Secretary of State				
DOCUMENT # P04000119381  1. Entity Name BORN ENTERPRISES, INC.								93-13-2006 90 	9080 008 *	**150.	00
Principal Plac	e of Busines	s	Mailing	Address			300.				
467 S.E. FAI			-	•							
		100		467 S.E. FALLON DRIVE							
PORT ST. LUCIE, FL 34983 US				PORT ST. LUCIE, FL. 34983 US							
							1 (59)(59) (1) 0		11 11 <b>22 1</b> 12 12 12 12 12 12 12 12 12 12 12 12 12	67 <b>0</b> 1 (1111111 115	
2. Principal Place of Business 3. Mailing Address											
							_				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02222006	Chg-P	CR2E034	(11/05)	
							UZZZZZOGO	Olig-1	OI CELOST	(11/00)	
City & Stat	te		City 8	City & State			4. FEI Number	•		Ar	plied For
			•				56-2476	687		No	t Applicable
Zip Country			Zip	Zip Country					<b>- \$8</b>	.75 Add	litional
							5. Certificate of Status Desired Fee Required				d
	6. Name	ent Registered	Registered Agent			7. Name and A	ddress of New Re	aistered Age	nt .	-	
	•			<del></del>		Name					_
CLAPS, LOUIS J CPA											
10100 WE						Street Address (P.O. Box Number is Not Acceptable)					
SUITE 327											
CORAL SI	PRINGS, F	FL 33065									
										3° - 0	
						City			FL	Zip Cod	8
8. The above	named entit	y submits this statemer	at for the purpo	se of changing its	register	ed office or registe	red agent or both	in the State of Fig.	rida Lam fami	liar with	and accont
the obligat	tions of regist	ered agent.	wie wie perpe	oc or ananging ita	i rogistert	od office of Tegliste	red agent, or both	, in the State of Flo	iloa. Taminailii	HED WHUI,	and accept
SIGNATURE											
	Signature, typed	or printed name of registered at	gent and title if applic	table. (NOT	E Registere	d Agent signature require	d when reinstating)		DATE		
											•
FIL	E NOW!!!	FEE IS \$150.00	9	Election Campa	-	~ _ ~~	.00 May Be				
. After M	ay 1, 200	6 Fee will be \$55	0.00	Trust Fund Cont	ribution.	∐ Add	ded to Fees				
10.		OFFICERS A	ND DIRECTOR	9	11.		ADDITIONS (C	HANGES TO OFFI	CEBS AND DIE	ECTOR	2 INI 4 4
TITLE	P	OTT TO ETTO AT	THE BITTE OF OFF			- 1	ADDITIONS/C	HANGES TO OFFI			
	Delete Office					1				Change	☐ Addition
NAME AXREE ARROTTON	BORN, CHRISTOPHER					· 1					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	PORT ST	LUCIE, FL 34983			CITY	-ST-ZIP					
TITLE				☐ Delete	TITLE	<u> </u>				Change	Addition
NAME					NAMI	Ε					
STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP					CITY-	-ST-ZIP					
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NAME				Delete		. 1				Change	Addition
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CITY-ST-ZIP						ET ADDRESS					
G117-31-2IF					CHY-	-ST-ZIP					
TITLE				Delete	TITLE					Change	Addition
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NAME				CT Delete	NAME	i			Ц	Change	E Acciden
STREET ADDRESS						et address					
CITY-ST-ZiP									•		
					GIY-	-ST-ZIP					
TITLE	ĺ			☐ Delete	TITLE					Change	☐ Addition
NAME					NAME	·					
STREET ADDRESS					STREE	ET ADDRESS					
CITY-ST-ZIP					CITY-	ST-ZIP					
12. I hereby o	certify that the	information supplied v	with this filing o	loes not qualify for	r the exe	emptions contained	d in Chapter 119	Florida Statutes I f	urther certify the	at the in	formation
inaicatea	on this repor	t or supplemental repo	rt is true and ai	ccurate and that n	nv sionat	ure shall have the	same legal effect :	es if made under oa	ath <sup>,</sup> that I am a	n officer	or director
or the cor	poration of th	ie receiver or trustee er ichment)with an addres	npowered to e:	xecute this report	as requir	eo by Unapter 607	r, Florida Statutes;	and that my name	appears in Blo	ick 10 or	Block 11 if
9.41		111 0 1	1					<b>a</b> - 4	•	_	
<b>SIGNAT</b>	URF·X	Unrustent	ur A	1/10RM			r	3-9-06	, 7 <i>72</i> .	240-	1297
J. J. 171	~~~	SIGNATURE AND TYPED	O DEINTER NAME	OF SIGNING OFFICER	OR DIRECT	00	~~~	<u> </u>			· · · · ·