

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136963

Entity Name: ENDEG BEHBRET, INC.

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 15434
TAMPA, FL 336845434 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15434
TAMPA, FL 336845434 US

New Mailing Address:

FEI Number: 32-0127502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPORICE, NELSON
1506 E MARTIN L KING BLVD
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORKU, MULUGETA T PRES
Address: 17421 LAWN ORCHARD LOOP
City-St-Zip: LAND O'LAKES, FL 34638 US

Title: T () Delete
Name: AWEKE, MULU
Address: 3324 W NASSAU STREET
City-St-Zip: TAMPA, FL 33607 US

Title: S () Delete
Name: DESTA, MEKONNEN
Address: 8308 KIRKWOOD DRIVE
City-St-Zip: TAMPA, FL 33634 US

Title: D () Delete
Name: SHIMOLA, GEBRU
Address: 1417 EASTLAND LANE
City-St-Zip: TAMPA, FL 33625 US

Title: D () Delete
Name: G'GIOGIS, SERGOMICHAEL
Address: 7513 BROOKE HAVEN COURT
City-St-Zip: TAMPA, FL 33634 US

Title: D () Delete
Name: BIREDA, WOLDE
Address: 6225 CALAMARI PLACE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DESTA, MEKONNEN A.

S

01/25/2006

Electronic Signature of Signing Officer or Director

Date