



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000018546 1. Entity Name VIDAL ENTERPRISES, INC.	
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Principal Place of Business 485 AUTUMN DAMASK CT OCOE, FL 34761	Mailing Address 485 AUTUMN DAMASK CT OCOE, FL 34761
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DO NOT WRITE IN THIS SPACE



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2216136	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 VIDAL, ENEDINA 485 AUTUMN DAMASK CT OCOE, FL 34761	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

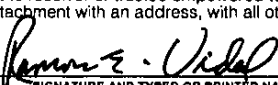
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VIDAL, RAMON E 485 AUTUMN DAMASK CT OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIDAL-HANE, JESSIE 485 AUTUMN DAMASK CT OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VIDAL, ENEDINA 485 AUTUMN DAMASK CT OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIDAL, DENISE 485 AUTUMN DAMASK CT OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000759283
05/24/07-80036-013.150.00

**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 all other like empowered.

SIGNATURE:  **4/30/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #