
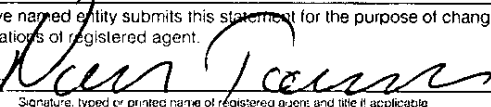
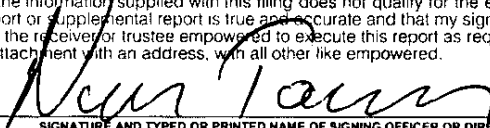


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90019 019 ***150.00

DOCUMENT # P05000031243					
1. Entity Name ENIGMA ONE CORPORATION					
Principal Place of Business 2140 MAIN STREET DUNEDIN, FL 34698			Mailing Address 840 6TH AVE NW LARGO, FL 34698		
2. Principal Place of Business 28909 U.S. HWY 19			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CLEARWATER, FL			City & State		
Zip 33761		Country		Zip	
Country		4. FEI Number 20-2418894			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, JAMES 840 6TH AVE NW LARGO, FL 33770			7. Name and Address of New Registered Agent		
Name			GEORGIA PAPPAS		
Street Address (P.O. Box Number is Not Acceptable)			840 6th AVE NW		
City			LARGO FL		Zip Code 33770
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 			DATE 1-28-06		
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PAPPAS, JAMES STREET ADDRESS 840 6TH AVE NW CITY-ST-ZIP LARGO, FL 33770	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PAPPAS, GEORGIA STREET ADDRESS 840 6TH AVE NW CITY-ST-ZIP LARGO, FL 33770	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME PAPPAS, GEORGIA STREET ADDRESS 840 6th AVE NW CITY-ST-ZIP LARGO, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PAPPAS, NICK STREET ADDRESS 840 6TH AVE NW CITY-ST-ZIP LARGO, FL 33770	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECR NAME PAPPAS, PETER STREET ADDRESS 840 6TH AVE NW CITY-ST-ZIP LARGO, FL 33770	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME PAPPAS, DINO STREET ADDRESS 840 6TH AVE NW CITY-ST-ZIP LARGO, FL 33770	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			V. PRESIDENT.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 1-28-06		