2006 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 22, 2006 8:00 am Secretary of State **DOCUMENT # P05000078480** 08-22-2006 90027 021 ***150.00 1. Entity Name **ENTÉRPRISE 165, INC.** Principal Place of Business Mailing Address 10270 NW 2ND COURT 10270 NW 2ND COURT 50025830 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address 12230 Still MEdow DR 12230 Still HEdow DR 08042006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For IER 401 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COSTELLO, JENNIFER Street Address (P.O. Box Number is Not Acceptable **10270 NW 2ND COURT** PLANTATION, FL 33324 8. The above named entity submits this statement for the currence of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change BRIAN COSTELLO COSTELLO, BRIAN NAME NAME 10270 NW 2ND COURT 12230 STILL YE dow DR CLEAMONT, FL 34711 STREET ADDRESS STREET ADDRESS CITY-ST-7/P PLANTATION, FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition COSTELLO, JENNIFER NAME 10270 NW 2ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CÎTŸ-ST-ZÎP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. CostE1/0 SIGNATURE:

FILED