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Jun 26, 2006 8:00 am
Secretary of State
04-17-2006 90377 034 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000092287

1. Entity Name
FENCESCAPE CREATIONS, INC.

66U2U0J0

03202006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
437 LAFAYETTE ST SW PALM BAY, FL 32908	437 LAFAYETTE ST SW PALM BAY, FL 32908

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3087119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVA, JOSHUA J 437 LAFAYETTE ST SW PALM BAY, FL 32908	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	DPST	☑ Change ☐ Addition
NAME	SILVA, JOSHUA J		NAME	Silva, Joshua J.	
STREET ADDRESS	437 LAFAYETTE ST SW		STREET ADDRESS	437 Lafayette St. SW	
CITY-ST-ZIP	PALM BAY, FL 32908		CITY-ST-ZIP	Palm Bay, Florida 32908	
TITLE	VD	☐ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	RAMOS, ALBERT		NAME	Lafluer, Angel	
STREET ADDRESS	437 LAFAYETTE ST SW		STREET ADDRESS	437 Lafayette St. SW	
CITY-ST-ZIP	PALM BAY, FL 32908		CITY-ST-ZIP	Palm Bay, Florida 32908	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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.

SIGNATURE: Joshua J. Silva, Director 03/20/06 321-951-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #