


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90098 001 ***150.00

DOCUMENT # P05000092891	
1. Entity Name SDP E-TAIL ENTERPRISES, INC	

Principal Place of Business 5896 JACARANDA AVE LAKE LAND, FL 33809	Mailing Address 5896 JACARANDA AVE LAKE LAND, FL 33809
--	--

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

05082006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2991786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PONETS, DAVID 5896 JACARANDA AVE LAKE LAND, FL 33809		7. Name and Address of New Registered Agent Name SHARON E. PONTES Street Address (P.O. Box Number is Not Acceptable) 5896 JACARANDA AVE City LAKE LAND FL 33809	
--	--	---	--

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 *Sharon E. Pontes* **SHARON E. PONTES** MAY 8, 2006
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PONTES, DAVID <input checked="" type="checkbox"/> Delete 5896 JACARANDA AVE LAKE LAND, FL 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VIS SHARON E PONTES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5896 JACARANDA AVE LAKE LAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVID E PONTES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5896 JACARANDA AVE LAKE LAND, FL 33809
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
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
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
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: *Sharon E. Pontes* **SHARON E. PONTES** MAY 08, 2006 (863) 858-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #