SIGNATURE:

FILED

813-763-0307

2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 25, 2008 08:00 AN **Secretary of State DOCUMENT # P05000093295** 1. Entity Name
EMPIRE LIMITED & ENTERPRISES, INC. Principal Place of Business Mailing Address 12640 MCBRIDE RD 12640 MCBRIDE RD SPRINGHILL, FL 34610 SPRINGHILL, FL 34610 02182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1674033 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent **BOWMAN, FRED T** DO NOT WRITE 12640 MCBRIDE RD SPRINGHILL, FL 34610 IN THIS SPACE 9. 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 against and tille if applicable. DATE **PICITE: Replaced Agent planeture required when reinstatings** 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ORTEGA, MIGUEL A NAME 12640 MCBRIDE RD STREET ADDRESS CITY-ST-21P SPRINGHILL, FL 34610 U00000839482 03/06/08-80010-002 150.00 HILL NAME BOWMAN, FRED T STREET ADDRESS 12840 MCBRIDE RD CITY-ST-ZIP SPRINGHILL, FL 34610 RILE HAME STREET ADONESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DDF NAME STREET ADDRESS CITY-S1-ZIP TITLE HALAF STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-S1-ZIP 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 occurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or tho receiver or trustee ampowered to execute this report as required by Chapter 507, 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.

NAME OF BIOXBIG OFFICER OR DIRECTOR