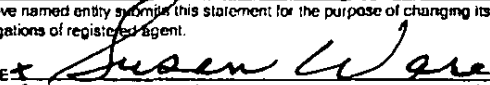
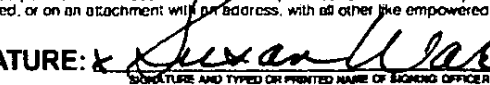


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 09, 2006 8:00 am
Secretary of State

07-25-2006 90023 044 ***150.00

DOCUMENT # P05000129366			
1. Entity Name SUSAN WARE ENTERPRISES INC			
Principal Place of Business 9525 SW 190TH AVENUE ROAD DUNNELLON, FL 34432 US		Mailing Address 9525 SW 190TH AVENUE ROAD DUNNELLON, FL 34432 US	
2. Principal Place of Business 9419 N Country Club Way Suite, Apt. #, etc. Citrus Springs FL City & State 34434		3. Mailing Address 9419 N Country Club Way Suite, Apt. #, etc. Citrus Springs FL City & State 34434 Country USA	
4. FEE Number 69-226 3939		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent WARE, SUSAN 9525 SW 190TH AVENUE ROAD DUNNELLON, FL 34432		7. Name and Address of New Registered Agent Name Susan Ware Street Address (P.O. Box Number is Not Acceptable) 9419 N Country Club Way City Citrus Springs FL Zip Code 34434	
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: 		DATE	
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSD WARE, SUSAN 9525 SW 190TH AVENUE ROAD DUNNELLON, FL 34432 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 9419 N Country Club Way Citrus Springs FL 34434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		DATE	