## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## OCUMENT # P06000028199

Entity Name

SIGNATURE:

. ENTERPRISE/AJ SUNGLASSES INC.



## **FILED** May 02, 2007 8:00 am Secretary of State

05-02-2007 90072 040 \*\*\*150.00

| rincipal Place of Business 11 INLAND SEAS BLVD INTER GARDEN, FL 34787 US |  | Mailing Address<br>PO BOX 426<br>OAKLAND, FL 34760   | US                                |  | <b>.</b>                         | <b>4</b> 1   | ( <b>88</b> (18 <b>4</b> 11) 4 8)                 |                                       |   | II NA MBIO ABIIG 10                               |  |
|--|--|--|-----------------------------------|--|----------------------------------|--|---|---------------------------------------|---|---|--|
|  | lace of Business - No P.O. Box # WCST PAV ST   | 3. Mailing Address   |                                   |  |                                  |  |   |                                       |   |   |  |
| Suite, Apt.  |  | Suite, Apt. #, etc.  |                                   |  | 04202007                         | Chg-F  | ,   | CR2E0                                 | 34 (12/06)                                |   |  |
| Gity & State   | ERBATDEN, FL   | City & State   |                                   |  |                                  | 4. FEI Numb  |   | 19820                                 | )1  |   | pplied For                                 |
| 3478   | 7 Country U.S  | Zíp  | itry                              |  | 5. Certificate                   |  |   |                                       | \$8.75 Add<br>Fee Require                 | litional  |  |
|  | 6. Name and Address of Current   | Registered Agent   |                                   | Ĺ  |                                  | 7. Name and  | Address of  | New Rec                               | gistered /                                | Agent   |  |
|  | IOHN A<br>ID SEAS BLVD.<br>GARDEN, FL 34787  |  |                                   | Name JOHN A HARY IS  Street Address (P.O. Box Number is Not Acceptable)  UUZ WEST BAY STYEET |                                  |  |   |                                       |   |   |  |
|  |  |  |                                   | City<br>VII  |                                  | NEST<br>GARD   |   | ١١٠                                   | FL  | Zip Code  | 787  |
|  | named entity submits this statement fo ions of registered agent.   | r the purpose of changing its  | register                          | ed office or   | register                         | ed agent, or bo  | th, in the Sta                                    | te of Florid                          | da. Lami                                  | iamiliar with,                                    | and accept                                 |
| GNATURE_   | Signature, typed or printed name of registered agent a   | and title if applicable. (NOT  | E: Registere                      | ed Agent signatur  | e required                       | when reinstating)  |   |                                       | DATE                                      |   | <del></del>                                |
| After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.0   | at a Tight   | ribution.                         |  |                                  | 00 May Be<br>ed to Fees                                  |   | •                                     |   |   |  |
| 0.   | OFFICERS AND   |  | 11.                               | 1  |                                  | ADDITIONS  | CHANGES   | TO OFFIC                              | ERS AND                                   | <del>\</del>                                      |  |
| TLE<br>AME<br>TREET ADDRESS<br>HTY-ST-ZIP                                | D<br>  HARRIS, JOHN A<br>  711 INLAND SEAS BLVD<br>  WINTER GARDEN, FL 34787   | Delete   |                                   | IE.  | 66.                              | MS, JOH<br>2 WEST<br>11H476a                             | BAY .   | strc                                  |   | XChange<br>87                                     | ☐ Addition                                 |
| TLE<br>AME<br>TREET ADDRESS<br>HTY-ST-ZIP                                |  | ☐ Delete   |                                   |  |                                  |  |   |                                       | , ,                                       | ☐ Change  | Addition                                   |
| TLE<br>AME<br>FREET ADORESS<br>TY-ST-ZIP                                 |  | ☐ Delete   |                                   |  | _                                |  |   |                                       |   | ☐ Change  | Addition                                   |
| TLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP                                |  | ☐ Delete   |                                   |  |                                  |  |   |                                       |   | Change  | Addition                                   |
| TLE<br>AME<br>IREET ADDRESS<br>ITY-ST-ZIP                                |  | ☐ Delete   |                                   |  |                                  |  |   |                                       |   | Change  | ☐ Addition                                 |
| TLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP                                | The state of the s | ☐ Delete   |                                   |  |                                  |  |   |                                       |   | ☐ Change  | ☐ Addition                                 |
| <ol> <li>I hereby conditions indicated of the corchanged,</li> </ol>     | certify that the Name or supplied with<br>on this report of supplemental report is<br>poration or the receiver or trustee empor<br>or on an attachment with an address, we   | this filing does not qualify for<br>true and accurate and that report<br>with all other like empowered | or the ex<br>ny signa<br>as requi | emptions co<br>ture shall ha<br>ired by Char   | ntained<br>ive the s<br>oter 607 | l in Chapter 119<br>same legal effe<br>, Florida Statute | 9, Florida Sta<br>ot as if made<br>es; and that i | atutes. I fu<br>under oa<br>ny name a | irther cert<br>th; that I a<br>appears in | ify that the ir<br>im an officer<br>n Block 10 or | nformation<br>or director<br>r Block 11 if |

president