


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90059 030 \*\*\*150.00

**DOCUMENT # P06000046472**

1. Entity Name  
**PENTEK ENTERPRISES, INC.**



Principal Place of Business      Mailing Address

**322 WHITE OAK DRIVE**      **322 WHITE OAK DRIVE**  
**ALTAMONTE SPRINGS, FL 32701**      **ALTAMONTE SPRINGS, FL 32701**


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**11645 EE WILLIAMSON RD.**      **11645 EE WILLIAMSON RD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**LONGWOOD, FL**      **LONGWOOD, FL**  
 Zip      Zip      Country      Country

**32701**      **32701**      **U.S.A.**      **U.S.A.**



04122007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-4602815**      Not Applicable

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

6. Name and Address of Current Registered Agent

**PENTEK, JOHN R JR.**  
**322 WHITE OAK DRIVE**  
**ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	PENTEK, TAMARA M	
STREET ADDRESS	322 WHITE OAK DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PENTEK, JOHN R JR.	
STREET ADDRESS	322 WHITE OAK DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 John Pentek Jr      **JOHN R. PENTEK, JR.**      4/12/07 (407) 682-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #