2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061070

Entity Name: BRUCE & ENDENFIELD ENTERPRISES, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3410 AUL COUNTRY PLACE 711 N PARK ROAD PLANT CITY, FL 33566 PLANT CITY, FL 33563 US **Current Mailing Address: New Mailing Address:** 3410 AUL COUNTRY PLACE P.O. BOX 4170 PLANT CITY, FL 33566 PLANT CITY, FL 33563 US FEI Number: 56-2589633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUCE, TONI ANN BRUCE, TONI ANN 3410 AÚL COUNTRY PLACE 711 N PARK ROAD PLANT CITY, FL 33566 PLANT CITY, FL 33563 US 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. SIGNATURE: 04/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition Title: P/D () Delete Title: BRUCE, HENRY Name: BRUCE, HENRY Name: 3410 AUL COUNTRY PLACE P.O. BOX 4193 Address: Address: City-St-Zip: PLANT CITY, FL 33566 US City-St-Zip: PLANT CITY, FL 33563 US () Delete VP/D Title: Title: () Change () Addition EDENFIELD, KEVIN Name: Name: 3505 NESMITH ROAD Address: Address: PLANT CITY, FL 33566 US City-St-Zip: City-St-Zip: Title: Title: T/D () Delete () Change () Addition EDENFIELD, SHARON Name: Name: 3505 NESMITH ROAD Address: Address: City-St-Zip: PLANT CITY, FL 33566 US City-St-Zip: Title: S/D () Delete Title: S/D (X) Change () Addition BRUCE, TONI ANN WHIDDEN, KARLENE Name: Name: Address: 3410 AUL COUNTRY PLACE Address: P.O. BOX 4170 City-St-Zip: PLANT CITY, FL 33566 US City-St-Zip: PLANT CITY, FL 33563 US Title: Title: () Delete () Change (X) Addition BRUCE, TONI ANN Name: Name: Address: Address: P.O. BOX 4193 PLANT CITY, FL 33563 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI ANN BRUCE O/D 04/27/2007