2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140414

Title:

Name: Address:

City-St-Zip:

FILED Mar 15, 2007 Secretary of State

Entity Nai	me: PRICE	ENERD INC.						
Current Principal Place of Business:				New Principal Place of Business:				
2145 SOUTHWEST 132ND TERRACE MIAMI, FL 33027				11040 SW 62 TERRACE MIAMI, FL 33173				
Current Mailing Address:				New Mailing Address:				
2145 SOUTHWEST 132ND TERRACE MIAMI, FL 33027				11040 SW 62 TERRACE MIAMI, FL 33173				
FEI Number	: 22-3946503	FEI Number Applied Fo	r () FEI Nur	nber Not Appl	icable ()	Certificate	of Status Desi	red ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1840 SW 2 4TH FLOC								
	named ent e of Florida.	ity submits this statement t	for the purpose o	of changing i	ts registered	office or rec	gistered agen	t, or both,
SIGNATUI	RE:							
	Elec	tronic Signature of Registe	red Agent	Date				
Election Car	mpaign Finar	cing Trust Fund Contribution	().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	DP PARBTANI, 2145 SOUT MIAMI, FL	HWEST 132ND TERRACE		Title: Name: Address: City-St-Zip:	CVO (0 PARBTANI, JO 11341 SW 61 MIAMI, FL 33	ST) Addition	
Title: Name: Address: City-St-Zip:	DV ALTER, JEI 2145 SOUT MIAMI, FL	HWEST 132ND TERRACE		Title: Name: Address: City-St-Zip:	CMO (ALTER, JEFF 11040 SW 62 MIAMI, FL 33	TERRACE) Addition	
Title: Name: Address: City-St-Zip:	D PERBTANI, 2145 SOUT MIAMI, FL	HWEST 132ND TERRACE		Title: Name: Address: City-St-Zip:	CAO ((NAVARRO, GI 13046 SW 2N MIAMI, FL 33	D TERRACE) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

CDO

TEJADA, PAÙL

3041 SW 115 AVE MIAMI, FL 33165

() Change (X) Addition

SIGNATURE: JOHIL PARBTANI CVO 03/15/2007

() Delete