


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90021 039 ***150.00

DOCUMENT # P07000086646 1. Entity Name ENTRE NOUS SOLUTIONS, INC.					
Principal Place of Business 19231 WIND DANCER ST. LUTZ, FL 33558			Mailing Address 19231 WIND DANCER ST. LUTZ, FL 33558		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0647811	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. % STANLEY K. KINNETT II, ESQ. 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name LAURA T. PORTER Street Address (P.O. Box Number is Not Acceptable) 19231 WIND DANCER STREET City LUTZ State FL Zip Code 33558	
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 <u><i>La T Porter</i></u> DATE <u>3-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PORTER, LAURA T 19231 WIND DANCER ST. LUTZ, FL 33558	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete QUINN, SUSAN P 6625 PHOENIX PLACE PLANO, TX 75023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete QUINN, CATHY A 52-24 65TH PL #6M MASPETH, NY 11378	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>La T Porter</i></u>		Date <u>3-14-08</u>		Daytime Phone # <u>813-731-4670</u>	