2005 FOR PROFIT CORPORATION

FILED 2005 08:00 AM

ANNUAL REPORT				Jul 15, 2005 08:00 A		
1. Entity Nam	MENT # P930000120 TERPRISES, INC.)27			Se	cretary of State
1 '	re of Business LLOUGHBY BLVD 34994 US	Meiling Address 2624 SW WILLOUGHBY BLVD STUART, FL 34994 US		(4581145)	W 1818 1111 8811 8811 W	a masur irdin ismis danim jiris sancas se uma
E	OO NOT WRITE		CE	07122005 4. FEI Numb 65-039	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FLEMING, JOHN 2624 SW WILLOUGHBY BLVD STUART, FL 34994			DO NOT WRITE IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title if applicable. [NOTE Registered Agent signature required wren reinstating] DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar Due by September 7, 2005 Trust Fund Contribution.				5.00 May Be in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI P FLEMING, JOHN 2624 SW WILLOUGHBY BLVD STUART, FL 34994	RECTORS			- 07/15/05 ⁰	373032 80007-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V FLEMING, NANCY 2624 SW WILLOUGHBY BLVD STUART, FL 34994	· · · · · · · · · · · · · · · · · · ·				
NAME STREET ADDRESS CITY-ST-ZIP					NOT W	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	ACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			ļ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						graphs b

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR