


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90017 043 ***150.00

DOCUMENT # P93000021541	
1. Entity Name E.N. PROUT, INC.	

Principal Place of Business 800 PARKVIEW DR. STE. 423 HALLANDALE, FL 33009	Mailing Address 800 PARKVIEW DR. STE. 423 HALLANDALE, FL 33009
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2. Principal Place of Business 851 THREE ISLANDS BLVD Suite, Apt. #, etc. SUITE 516	3. Mailing Address 851 THREE ISLANDS BLVD Suite, Apt. #, etc. SUITE 516
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City & State HALLANDALE FLORIDA	City & State HALLANDALE FLORIDA
Zip 33009	Country U.S.A.

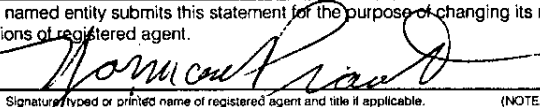


01252006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0403575	Applied For <input type="checkbox"/> Not Applicable
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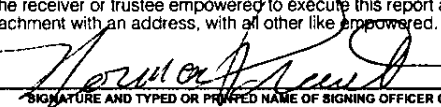
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PROUT, NORMAN 800 PARKVIEW DR. STE. 423 HALLANDALE, FL 33009	7. Name and Address of New Registered Agent Name PROUT, NORMAN Street Address (P.O. Box Number is Not Acceptable) 851 THREE ISLANDS BLVD SUITE 516 City HALLANDALE FL Zip Code 33009
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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 	DATE 1/30/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUT, NORMAN 800 PARKVIEW DR., #423 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUT, NORMAN 851 THREE ISLANDS BLVD HALLANDALE, FLORIDA 33009 <input checked="" 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
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
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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: 	DATE 1/30/06 954-456-6778