2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400002491

FILED Feb 20, 2006 8:00 am Secretary of State 02-20-2006 90024 034 ***150.00

Principal Race of Business 3000-3 HARTILEY RD. MOXSONVILLE, FL 32257 US Solle, Apt. F. etc. City & State	THAR EN	ITERPRISES, INC.									
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Number N	Zip	Country	Zip 	Coun	try			□ \$8.7	5 Additional	I	
HUISINGA, R J 32257		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	HUISINGA	HUISINGA D I				Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW!!: FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIRBET ADDRESS CITY-S1-2P TILE VPD HUISINGA, R J 3000-3 HARTLEF VRD. JACKSONVILLE, FL 32257 TILE HUSINGA, DEBRA MAY SIRBET ADDRESS CITY-S1-2P HUISINGA, DEBRA SIRBET ADDRESS CITY-S1-2P TILE MAY SIRBET ADDRESS CITY	3000-3 HARTLEY RD.				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Syman, typid or prised reme of registered agent and the 1 applicable. (NOTE, Registered Agent entities) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DHUISINGA, R J 3000-3 HARTLEY RD. JACKSONVILLE, FL 32257 TITLE NAME SIREE ADDRESS CITY-ST-2P TITLE MAKE SIREE ADDRESS CITY-ST-2P TITLE NAME SIREE ADDRESS CITY-ST-2P Delde TITLE NAME SIREE ADDRESS CITY-ST-2P TITLE NAME SIREE ADDRESS CITY-ST-2P Delde TITLE NAME SIREE ADDRESS CITY-ST-2P SIREE ADDRESS CITY-ST-2P TITLE NAME SIREE ADDRESS CITY-ST-2P SIREE ADRESS CITY-ST-2P SIREE ADDRESS CITY-ST-2P SIREE ADDRESS CITY-ST-2P SIREE ADDRESS CITY-ST-2P SIREE ADDRESS CITY-ST-2P SIREE AD					City			FI Z	p Code		
Signature	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										
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### Added to Fees 10.	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature requ	µired when reinstating)		DATE			
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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:

SIGNATURE AND TYPED OR PRINTED MAJE OF SIGNING OFFICER OR DIRECTOR

901-288-6166