2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000015122

Entity Name: 460 ENTERPRISE CORPORATION

460 N.W. ENTERPRISE DR.

PORT ST. LUCIE, FL 34986

Address:

City-St-Zip:

FILED Apr 24, 2006 Secretary of State

Littly Nai	1116. 400 ENTI	LKFRISE CORFORATION			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ENTERPRISE LUCIE, FL 34				
Current Mailing Address:			New Mailing Address:		
	NAPLES LN LUCIE, FL 3	4983			
FEI Number	: 65-0474117	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
460 NW E	JR., JACK V- NTERPRISE [LUCIE, FL 34	DR.	MONROE, CARL V-P 460 NW ENTERPRISE PORT ST LUCIE, FL 34		
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CARL MONROE				04/24/2006	
	Electron	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (MONROE, JAC 460 N.W. ENTE PORT ST. LUC	ERPRISE DR.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (MONROE, JAC 460 N.W. ENTE PORT ST. LUC	ERPRISE DR.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (MONROE, PHY 460 N.W. ENTE PORT ST. LUC	ERPRISE DR.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D (MONROE, CAF) Delete	Title: (Name:) Change () 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.

Address:

City-St-Zip:

SIGNATURE: CARL MONROE D 04/24/2006