2006 FOR PROFIT CORPORATION FILED ANNUAL REPORT May 01, 2006 08:00 Al Secretary of State **DOCUMENT # P95000004592** 1. Entity Name* PAQUET ENTERPRISES, INC. Principal Place of Business Mailing Address 1249 STIRLING RD. 1249 STIRLING RD. #10 #10 DANIA, FL 33304 **DANIA, FL 33304** 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0558389 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAQUET, CLAUDE L DO NOT WRITE 1249 STIRLING RD. #10 IN THIS SPACE **DANIA, FL 33304** 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 when reinstating) DATE **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing U000000545881 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS

PSTD TITLE NAME PAQUET, CLAUDE L 1249 STIRLING RD., #10 STREET ADDRESS CITY-ST-ZIP **DANIA, FL 33304** TITLE STREET ADDRESS CTTY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 of 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 attachprenywith an address with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

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