
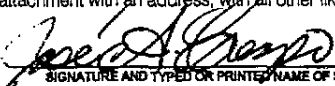


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000010166</b> 1. Entity Name <b>ENTERPRISING SOLUTIONS, INC.</b>			
Principal Place of Business <b>2365-E DEERWOOD LANE SAINT AUGUSTINE, FL 32084 US</b>		Mailing Address <b>2365-E DEERWOOD LANE SAINT AUGUSTINE, FL 32084 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04032006    No Chg-P    CR2E034 (11/05)	
		4. FEI Number <b>59-3298109</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRESPO, JOSE A 2365-E DEERWOOD LANE SAINT AUGUSTINE, FL 32084</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PTD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	CRESPO, JOSE A		
STREET ADDRESS	2365-E DEERWOOD LANE		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		
TITLE	VSD		
NAME	CRESPO, MARY E		
STREET ADDRESS	2365-E DEERWOOD LANE	<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME			
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STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP			
TITLE			
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 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.			
<b>SIGNATURE:</b>  <b>JOSE A. CRESPO</b>		<b>4/10/06 904-825-4768</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	