


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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| DOCUMENT # P95000010166 |  |
| 1. Entity Name ENTERPRISING SOLUTIONS, INC. | |

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| Principal Place of Business 2365-E DEERWOOD LANE SAINT AUGUSTINE, FL 32084 US | Mailing Address 2365-E DEERWOOD LANE SAINT AUGUSTINE, FL 32084 US |
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DO NOT WRITE IN THIS SPACE

04032006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3298109 | Applied For 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 CRESPO, JOSE A 2365-E DEERWOOD LANE SAINT AUGUSTINE, FL 32084 |
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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 _____ | <small>(NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|-----------------|---|------------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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|---|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD CRESPO, JOSE A 2365-E DEERWOOD LANE SAINT AUGUSTINE, FL 32084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD CRESPO, MARY E 2365-E DEERWOOD LANE SAINT AUGUSTINE, FL 32084 |
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 04/29/06-80034-004 155.00^M

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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:  | JOSE A. CRESPO | 4/10/06 | 904-825-4768 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |