


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000013779	
1. Entity Name ENTERPRISE 2000 INTERNATIONAL, INC.	

Principal Place of Business 21422 WOODCHUCK LN BOCA RATON FL 33428	Mailing Address 21422 WOODCHUCK LN BOCA RATON FL 33428
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

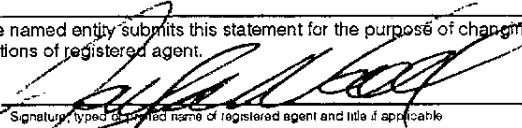
1st MOORE CR2E034 (10/04)

4. FEI Number 65-0562472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WAINLAND, JAMIE 21422 WOODCHUCK LN BOCA RATON FL 33428
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **4/30/2005**

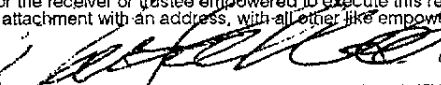
FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST WAINLAND, JAMIE 21422 WOODCHUCK LN BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAINLAND, JAMIE 21422 WOODCHUCK LN BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WAINLAND, JAMIE 21422 WOODCHUCK LN BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT WAINLAND, DAVID 21422 WOODCHUCK LN BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U000000350681 05/02/05-80113-018 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **4/30/2005** DAYTIME PHONE # **561-887-4883**