2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 07, 2008 08:00 Al Secretary of State DOCUMENT # P95000072919. 1. Entity Name **ENTRESS CORPORATION** Principal Place of Business Mailing Address 5200 NORTH OCEAN DRIVE 5200 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404 SINGER ISLAND, FL 33404 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0615276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STREIT, THOMAS E DO NOT WRITE 222 LAKEVIEW AVE #400 W PALM BEACH, FL 33401 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THTLE ENTRESS, T R NAME STREET ADDRESS 5200 NORTH OCEAN DR. U00000885000 04/17/08-80066-012 150.00 CITY-ST-ZIP SINGER ISLAND, FL 33404 TITLE NAME STREET ADDRESS CITY-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

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER ENTRESS