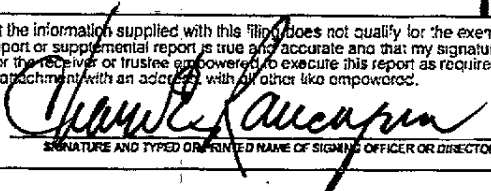


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P95000096603 1. Entity Name C.E.R. ENTERPRISES, INC.			
Principal Place of Business 5939 SW 1ST AVE. CAPE CORAL, FL 33914 US		Mailing Address 5939 SW 1ST AVE CAPE CORAL, FL 33914 US	
DO NOT WRITE IN THIS SPACE			
		04272006 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0633878		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAUCHFUSS, CHARLES E 5939 SW 1ST AVE CAPE CORAL, FL 33914		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UD0000551705 05/13/06-80112-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RAUCHFUSS, CHARLES E 5939 SW 1ST AVE CAPE CORAL, FL 33914		
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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 or without other like empowered.			
SIGNATURE: 		4/27/06 239 945 4800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE NUMBER	