


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000074196**

1. Entity Name  
SERENITY PROJECTS, INC.



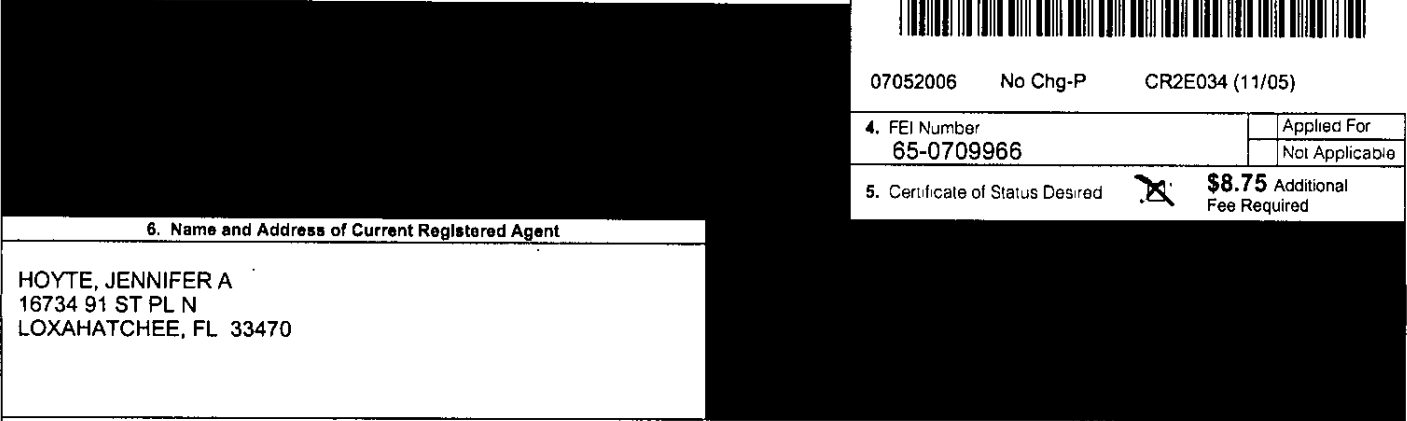
Principal Place of Business 224 DATURA ST 309 WEST PALM BEACH, FL 33401 US	Mailing Address 224 DATURA ST 309 WEST PALM BEACH, FL 33401 US
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07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0709966	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

HOYTE, JENNIFER A  
16734 91 ST PL N  
LOXAHATCHEE, FL 33470

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)

U00000574923  
08/22/06-80003-002 558.75

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAN, DALE A 16734 91ST PL N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYSHA, BEBE 6850 NW 69TH CT TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOYTE, JENNIFER 16734 91 ST PL N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 althogether like empowered.

**SIGNATURE:** \_\_\_\_\_

8/15/06 561-833-9212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #