2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000086471

1. Entity Name

FERRO ENTERPRISES, INC.



US

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

Principal Place of Business

2840 WEST BAY DRIVE

SUITE 181

BELLEAIR BLUFFS, FL 33770

Mailing Address

2840 WEST BAY DRIVE

SUITE 181

BELLEAIR BLUFFS, FL 33770



No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3404593

01242006

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FERRO, KYLE K 2840 WEST BAY DRIVE SUITE 181 BELLEAIR BLUFFS, FL 33770

DO NOT WRITE IN THIS SPACE

			1		
	named entity submits this statement for the plions of registered agent.	urpose of changing its rec	gistered office or registered agent, or b	oth, in the State of Florida. I am famil	iar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title it	fapplicable. (NOTE Re	gislered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		U00000557212 05/17/06-80041-006	150.00
10.	OFFICERS AND DIRECTORS				
TITLE	P		1		
NAME	FERRO, KYLE		1		
STREET ADDRESS	2840 WEST BAY DRIVE SUITE 181				
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770				
TITLE					
NAME			i		

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 (72) 593-7383