


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90048 025 ***150.00

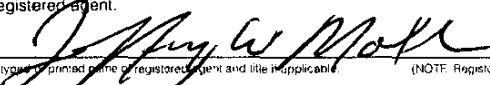
DOCUMENT # P97000042845	
1. Entity Name MAHNKE ENTERPRISES, INC.	

Principal Place of Business 6565 99TH WAY N. SAINT PETERSBURG, FL 33708	Mailing Address 6565 99TH WAY N. SAINT PETERSBURG, FL 33708
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2. Principal Place of Business - No P.O. Box # 11921 - 68TH AVE	3. Mailing Address P.O. BOX 15375
Suite, Apt. #, etc.	Suite, Apt. #, etc.

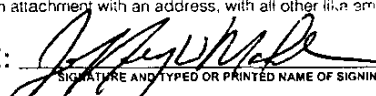
City & State SEMINOLE, FL	City & State ST. PETERSBURG, FL
Zip 33772	Zip 33773
Country USA	Country USA

6. Name and Address of Current Registered Agent MAHNKE, JEFFREY W 6565 99TH WAY N. SAINT PETERSBURG, FL 33708	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11921 - 68TH AVE City SEMINOLE FL Zip Code 33772	

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 	DATE 2-5-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHNKE, JEFFREY W 6565 99TH WAY N. ST PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11921 - 68TH AVE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHNKE, MARIANNE 6565 99TH WAY N. SAINT PETERSBURG, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11921 - 68TH AVE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  JEFFREY MAHNKE	Date 2-5-07