

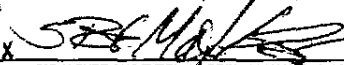
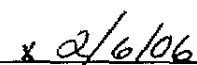


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000062433		
1. Entity Name FDG ENTERPRISES, INC.		
Principal Place of Business 1 SOUTH SCHOOL AVENUE SUITE 1000 SARASOTA, FL 34237 US		Mailing Address 1 SOUTH SCHOOL AVENUE SUITE 1000 SARASOTA, FL 34237 US
DO NOT WRITE IN THIS SPACE		
		 01092006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0779299		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MATZKIN, STEVEN R 1 SOUTH SCHOOL AVENUE SUITE 1000 SARASOTA, FL 34237		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MATZKIN, STEVEN R	
STREET ADDRESS	1 SOUTH SCHOOL AVENUE, SUITE 1000	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	D	
NAME	JOHNSON, DAVID ROSS	
STREET ADDRESS	1 SOUTH SCHOOL AVENUE, SUITE 1000	
CITY-ST-ZIP	SARASOTA, FL 34237	
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 all other like empowered.		
SIGNATURE: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #