
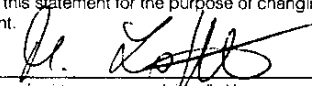
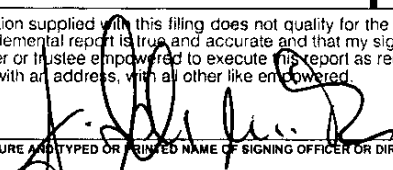


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90116 042 \*\*\*150.00

<b>DOCUMENT # P97000065145</b> 1. Entity Name <b>THE FLIESENLEGER, INC.</b>			
Principal Place of Business <b>3901 BONITA BEACH RD</b> <b>#C</b> <b>BONITA SPRINGS, FL 34134 US</b>		Mailing Address <b>3901 BONITA BEACH RD</b> <b>#C</b> <b>BONITA SPRINGS, FL 34134 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3665 BONITA BEACH RD</b> Suite, Apt. #, etc. <b>SUITE 3</b>		3. Mailing Address <b>3665 BONITA BEACH RD.</b> Suite, Apt. #, etc. <b>SUITE 3</b>	
City & State <b>BONITA SPRINGS, FL</b> Zip <b>34134</b> Country <b>USA</b>		City & State <b>BONITA SPRINGS, FL</b> Zip <b>34134</b> Country <b>USA</b>	
4. FEI Number <b>65-0772675</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>EURO-AMERICAN FINANCIAL SERVICES, INC.</b> <b>5117 CASTELLO DR.</b> <b>NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name <b>ALLURE ACCOUNTING LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3665 BONITA BEACH RD</b> <b>SUITE 3</b> City <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>34134</b>	
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 <b>04/30/07</b>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>S</b> NAME <b>SHMITZ, GUNTER UDO</b> STREET ADDRESS <b>3901 BONITA BEACH RD.</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DIV. P. T. S</b> NAME <b>GUNTER SCHMITZ</b> STREET ADDRESS <b>3901 BONITA BEACH RD</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Change <input checked="" 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
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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: 		DATE <b>04/30/07</b>	