

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081447

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** ORIGINAL ENHANCEMENTS, INC.

**Current Principal Place of Business:**

2834 DAFFODIL CIRCLE EAST  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 16952  
JACKSONVILLE, FL 322456952

**New Mailing Address:**

**FEI Number:** 59-3470197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CREGO, DEBBIE  
1821-7 PARENTAL HOME ROAD  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PARSONS, TOBIN  
Address: 2834 DAFFODIL CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD ( ) Delete  
Name: EHLERS, CLINTON  
Address: 2834 DAFFODIL CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** TOBIN PARSONS

PRES

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date