

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90375 019 \*\*\*150.00

40061108



04142006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P97000092399</b> 1. Entity Name <b>ENTERPRISING BUSINESS STRATEGIES INC.</b>					
Principal Place of Business <b>908 S ANDREWS AVE FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>908 S ANDREWS AVE FORT LAUDERDALE, FL 33316</b>		
2. Principal Place of Business <b>921 SE 11 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>921 SE 11 CT</b> Suite, Apt. #, etc.			
City & State <b>Fort Lauderdale, FL</b> Zip Country <b>33316 USA</b>		City & State <b>Fort Lauderdale, FL</b> Zip Country <b>33316 USA</b>		4. FEI Number <b>65-0791767</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BOGDANOFF, ELLYN S 921 SE 11 COURT FORT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BOGDANOFF, ELLYN S 921 SE CT. FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>			<b>4/16/06 954 7679850</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					