2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 26, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P97000103 E ENTERPRISES, INC.			06-26-2006 90	0002 010 ***150	.00	
Principal Place 1111 6TH ST WINTER HAVE		Mailing Address 1111 6TH ST SW WINTER HAVEN, FL 33880 US					
2. Principal P 515 Suite, Apt.	sace of Business 5 St SW #, etc.	3. Mailing Address 5 5 5 Suite, Apt. #, etc.	2 St Su	05262006	Chg-P	CR2E034 (11/05)	
Wint.	er Haven Fl	City & State Winter Haven F/		4. FEI Numb 59-348			plied For t Applicable
^{Zip} 338	Country	33880	Country		of Status Desired	□ \$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na							
1111 6TH	IAN, KÉVIN W ST-SW — IAVEN, FL 33880	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
WINVERVI	7. VEN, 12 00000	515 5th St Sw					
8. The above named epitity submits this plater lent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
SIGNATURE SUCH W. Wesau 6:15.06							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE							
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND I		11.	ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTORS	
TITLE NAME	S BURROUGHS, STEVEN A	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	2903 SOUTH LAKE DEER DRIVE WINTER HAVEN, FL 33880	i.	STREET ADDRESS CITY-ST-ZIP				
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	CHEESEMAN, KEVIN W 1111 6TH ST SW		NAME STREET ADDRESS				İ
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		□ 0.0000	CITY-ST-ZIP TITLE			Change	Addition
NAME		L.J Delete	NAME			Chonente	Addition
STREET ADDRESS !			STREET ADDRESS CATY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			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 of the receiver of prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an adaress, with all other like empowered.							
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED OF PRINTED NAME OF SIGNING OFFICER OF BIRD TYPED							



ATTACHMENT

- * WINDOW TINTING
- * ALARMS & STEREOS
- * CAR & TRUCK ACCESSORIES

40096991

May 19,2006

Florida Dept of State Divisions of Corporation P O Box 6327 Tallahassee Fl 32314-6327

Re: P97000103514

Dear Sirs:

I spoke with a representative earlier this week regarding the payment for the annual report. I submitted a check late March. I did not realize it had not cleared the bank. When I spoke to the representative she informed me that I submitted it to the wrong address, and to re-submit the payment. Please accept this payment without the late fee.

Sincerely,

Theresa Anderson Office Manager