* 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P9800002447 1. Entity Name

ETIENNE CORPORATION, INC.



FILED May 02, 2006 08:00 Al Secretary of State

Principal Place of Business 3760-3762 NE 3RD AVE. POMPANO BEACH, FL 33064 Mailing Address 3760-3762 NE 3RD AVE. POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

No Chg-P 4. FEI Number 65-0803361

5. Certificate of Status Desired

04262006

CR2E034 (11/05)

Applied For

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETIENNE, JEAN E 3760-3762 NE 3RD AVE. POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)					DATE	
FILE NOWIII FEE IS \$150.00 9. Election Campaign Fine After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution			• <u> </u>	\$5.00 May Be Added to Fees	U00000558034 95717706-80079-008_150_00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ETIENNE, JEAN ERIC 3760-3762 NE 3RD AVE, POMPANO BEACH, FL 33064					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JEAN-LOUIS, MARIE CARMEL 3760-3762 NE 3RD AVE. POMPANO BEACH, FL 33064					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ETIENNE, JEAN-MARIE D 3760-3762 NE 3RD AVE. POMPANO BEACH, FL 33064			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
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 at other like empowered. SIGNATURE: 						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF DISNING OFFICER OR DIRECTOR Date Daylarse Phune #						