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**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000044379</b>		
1. Entity Name <b>NEPHITE ENTERPRISES, INC.</b>		
Principal Place of Business <b>6270 N.W. 114TH STREET HIALEAH, FL 33012</b>	Mailing Address <b>6270 N.W. 114TH STREET HIALEAH, FL 33012</b>	
DO NOT WRITE IN THIS SPACE		
01272005    No Chg-P    CR2E034 (10/03)		4. FEI Number <b>65-0838412</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		
<b>PARKER, JOHN 6270 NW 114 ST. HIALEAH, FL 33012</b>		DO NOT WRITE IN THIS SPACE
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)</small>		
DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PARKER, JOHN 6270 N.W. 114TH STREET HIALEAH, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTS PARKER, JOHN 6270 N.W. 114TH STREET HIALEAH, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2-14-05</b> <small>Daytime Phone #</small>