## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000104918

UTESCHILL, PIERRE E

569 WESTSHORE CT

CASSELBERRY, FL 32707

Name:

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

**Entity Name:** UTESCHILL ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1210 S. INTERNATIONAL PKWY # 114 LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** 1210 S. INTERNATIONAL PKWY #114 LAKE MARY, FL 32746 FEI Number: 58-2445497 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POHL, FRANK L ESQ. MARIE-FRANCE UTESCHILL POHL & SHORT, P.A. PIERRE'S WINE CELLAR 280 W. CANTON AVENUE #410 1210 S. INTERNATIONAL PKWY, SUITE114 WINTER PARK, FL 32789 US LAKE MARY, FL 32746 US 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: MARIE-FRANCE UTESCHILL 05/01/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition UTESCHILL, OLIVIER Name: Name: 1452 FINSBURY CT Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: Title: () Change () Addition () Delete Name: UTESCHILL, MARIE-FRANCE Name: 1452 FINSBURY CT Address: Address: HEATHROW, FL 32746 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: VPD ( ) Delete VPD

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.

Name:

Address:

City-St-Zip:

UTESCHILL, PIERRE E

STUART, FL 34994

2768 S.E. BIRMINGHAM DR

SIGNATURE: MARIE-FRANCE UTESCHILL STD 05/01/2006