2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000048421

1. Entity Name
MANDE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
197 S MCCALL ROAD ENGLEWOOD, FL 34223	3140 SUNSET BEACH DRIVE VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

05082006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0987787	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANDERSON, MARIE J
3140 SUNSET BEACH BLVD.
VENICE, FL 34293

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

U00000575866

03/01/06-80004-008 550.00

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	MANDERSON, MARIE J
STREET ADDRESS	3140 SUNSET BEACH DR
CITY-ST-ZIP	VENICE, FL 34293
TITLE	S/T
NAME	MANDERSON, BRIAN
STREET ADDRESS	3140 SUNSET BEACH DRIVE
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _Marie J. Menderson_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-06   1-941-93-8305
Date   Daytime Phone #