


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90180 034 \*\*\*150.00

<b>DOCUMENT # V65135</b>	
1. Entity Name <b>ANTHONY ARTAL ENTERPRISES, INC.</b>	

Principal Place of Business <b>815 EAST BRANDON BLVD. BRANDON, FL 33511</b>	Mailing Address <b>815 EAST BRANDON BLVD. BRANDON, FL 33511</b>
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2. Principal Place of Business - No P.O. Box # <b>222 Bryan Rd.</b>	3. Mailing Address <b>222 Bryan Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Brandon FL</b>	City & State <b>Brandon FL</b>
Zip <b>33511</b>	Zip <b>33511</b>
Country <b>USA</b>	Country <b>USA</b>

03022007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3147605</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>O'DONNELL, JULIE 815 EAST BRANDON BLVD. BRANDON, FL 33511</b>	
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7. Name and Address of New Registered Agent Name <b>O'DONNELL, JULIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>222 Bryan Rd.</b> City <b>Brandon</b> FL Zip Code <b>33511</b>	
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 <b>Julie O'Donnell</b> DATE <b>4/17/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>O'DONNELL, JULIE A</b>		NAME	
STREET ADDRESS <b>2615 BONTERRA BLVD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>VALRICO, FL 33594</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>O'DONNELL, KEVIN J</b>		NAME	
STREET ADDRESS <b>2615 BONTERRA BLVD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>VALRICO, FL 33594</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied in this 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 authorized 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 attached list with my address, with all other like empowered.	
SIGNATURE: <b>Julie O'Donnell</b>	DATE: <b>4/17/07</b> DAYTIME PHONE: <b>813-689-3561</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	