


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90064 004 ***150.00

DOCUMENT # F98000000215

1. Entity Name
ENHANCED COMMUNICATIONS NETWORK, INC.



Principal Place of Business
**1031 S. GLENDORA AVENUE
 WEST COVINA, CA 91790 US**

Mailing Address
**C/O PATRICK D. CROCKER
 900 COMERICA BLDG.
 KALAMAZOO, MI 49007**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1031 South Glendora Ave
 Suite, Apt. #, etc.

City & State
West Covina CA

City & State
West Covina CA

Zip
91790

Country
Los Angeles

Zip
91790

Country
Los Angeles



03102005 Chg-P CR2E034 (10/03)

4. FEI Number
22-3558165

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLANTON, EDWIN F
 825 THOMASVILLE ROAD
 TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAYMOND, CHAN 1031 S GLENDORA AVENUE WEST COVINA, CA 91790 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ray Chan President **3-11-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #