

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 18, 2005
Secretary of State**

DOCUMENT# 241531

Entity Name: MARDAVE COMPANY

Current Principal Place of Business:

205 S. HOOVER ST., #400
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

205 S. HOOVER ST., #400
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-0947719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, J. STYLES ESQ.
205 S. HOOVER ST., #400
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGHEY, MIKE
Address: 205 S. HOOVER ST., #400
City-St-Zip: TAMPA, FL 33609

Title: SD () Delete
Name: CARTER, SHIRLEY A
Address: 205 S. HOOVER ST., #400
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: FARMER, JIM
Address: 205 S. HOOVER ST., #400
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Delete
Name: THATCHER, CAROLYN
Address: 205 S HOOVER BLVD
City-St-Zip: TAMPA, FL 33609

Title: T (X) Delete
Name: THATCHER, CAROLYN
Address: 205 S HOOVER BLVD 400
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: HUGHEY, EVELYN
Address: 205 S HOOVER BLVD 400
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CARTER, SHIRLEY
Address: 205 S. HOOVER ST., #400
City-St-Zip: TAMPA, FL 33609

Title: VSD (X) Change () Addition
Name: THATCHER, CAROLYN
Address: 205 S. HOOVER ST., #400
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SHIRLEY CARTER

PRES

05/18/2005

Electronic Signature of Signing Officer or Director

Date