


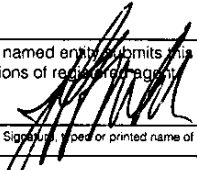
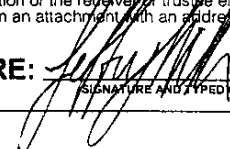
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90118 009 ***150.00

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DOCUMENT # P0000009586 1. Entity Name ARCADIAN ENTERPRISES, INC.			
Principal Place of Business 3429 SW 2ND LN CORAL CAPE, FL 33991		Mailing Address 3429 SW 2ND LN CORAL CAPE, FL 33991	
2. Principal Place of Business 423 SW 38 th Place Suite, Apt. #, etc.		3. Mailing Address 423 S.W 38 th Place Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33991		Zip 33991	
Country		Country	
4. FEI Number 65-1004189		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKKELSEN, JEFF 3429 SW 2ND LANE CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent Name MIKKELSEN JEFF Street Address (P.O. Box Number is Not Acceptable) 423 S.W 38 th PLACE City CAPE CORAL FL Zip Code 33991	
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: 		Jeff Mikkelsen President 3/25/06	
(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME MIKKELSEN, JEFFREY STREET ADDRESS 3429 SW 2ND LANE CITY-ST-ZIP CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE DS NAME MIKKELSEN JEFFREY STREET ADDRESS 423 S.W 38 th PLACE CITY-ST-ZIP CAPE CORAL FL 33991	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MIKKELSEN, CYNTHIA STREET ADDRESS 3429 SW 2ND LANE CITY-ST-ZIP CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE ✓ NAME MIKKELSEN CYNTHIA STREET ADDRESS 423 S.W 38 th PLACE CITY-ST-ZIP CAPE CORAL FL 33991	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 registered 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: 		Jeff Mikkelsen 3/25/06 (954) 434-8799	
(NOTE: Registered Agent signature required when reinstating)		DATE	
DAYTIME PHONE #		DAYTIME PHONE #	