

FILED

Jan 26, 2005 08:00
Secretary of Stat**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000005420 1. Entity Name MORVEN HOLDINGS LIMITED INC.		
Principal Place of Business GREENACRES, OLDMILLS, FOCHABERS MORAYSHIRE IV32 7HH SCOTLAND, U.K.,	Mailing Address GREENACRES, OLDMILLS, FOCHABERS MORAYSHIRE IV32 7HH SCOTLAND, U.K.,	
DO NOT WRITE IN THIS SPACE		
 01172005 No Chg-P CR2E034 (10/03)		
4. FEI Number 98-0172042		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 HAWKINS, BERT 300 GEORGETOWN BLVD. NAPLES, FL 34112		
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD ARIF, WILLIAM GREENACRES, OLDMILLS, FOCHABERS MORAYSHIRE, IV327HH, SCOTLAND,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARIF, SCOTT 15 LOSSIE WYND, ELGIN MORAYSHIRE, IV301PU, SCOTLAND,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARIF, LINDA GREENACRES, OLDMILLS, FOCHABERS MORAYSHIRE, IV327HH, SCOTLAND,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, JOHN 15 LOSSIE WYND, ELGIN MORAYSHIRE, IV301P7, SCOTLAND,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-family: monospace; font-size: 1.2em;"> 11000000195771 01/26/05-80042-013 150.00 </div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  WILLIAM ARIF 1-17-05 01144 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		