


**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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|--|---|---|--|---|--|
| DOCUMENT # F0300005420 | | | |  | |
| 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., | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 98-0172042 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HAWKINS, BERT 300 GEORGETOWN BLVD. NAPLES, FL 34112 | | | Name BERT HAWKINS Street Address (P.O. Box Number is Not Acceptable) 10967 LEITNER CREEK DRIVE City BONITA SPRINGS FL Zip Code 34135 | | |
| 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, 2006 Fee will be \$350.00 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PCD ARIF, WILLIAM GREENACRES,OLDMILLS, FOCHABERS MORAYSHIRE,IV327HH, SCOTLAND, | <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 | VD ARIF, SCOTT 15 LOSSIE WYND, ELGIN MORAYSHIRE,IV301PU, SCOTLAND, | <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 | SD ARIF, LINDA GREENACRES,OLDMILLS, FOCHABERS MORAYSHIRE,IV327HH, SCOTLAND, | <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 | D RUSSELL, JOHN 15 LOSSIE WYND, ELGIN MORAYSHIRE,IV301P7,SCOTLAND, | <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 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: _____ | | | Date 01/14/06 Daytime Phone # 1343821824 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |