

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00
Secretary of State

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.,**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **98-0172042** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, BERT
 10967 LEITNER CREEK DRIVE
 BONITA SPRINGS, FL 34135**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
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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:

William Arif **WILLIAM ARIF** 1/9/08 1343 821524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #