

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90085 026 ***150.00

40013330



01192006 Chg-P CR2E034 (11/05)

DOCUMENT # F93000000651			
1. Entity Name F.D.E., INC.			
Principal Place of Business 23 PAUL RENE DR MELBOURNE, FL 32904		Mailing Address 23 PAUL RENE DR MELBOURNE, FL 32904	
2. Principal Place of Business 8745 Henry Avenue Suite, Apt. #, etc.		3. Mailing Address 8745 Henry Avenue Suite, Apt. #, etc.	
City & State West Melbourne, FL		City & State West Melbourne, FL	
Zip 32904	Country USA	Zip 32904	Country USA
4. FEI Number 16-1404059		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLSWORTH, PATRICIA M 23 PAUL RENE DR MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Ellsworth, Patricia M. Street Address (P.O. Box Number is Not Acceptable) 8745 Henry Avenue City West Melbourne FL Zip Code 32904	
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 <i>Patricia Ellsworth</i>		DATE 01/20/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	PS ELLSWORTH, PATRICIA M 23 PAUL RENE DR MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Ellsworth, Patricia M. 8745 Henry Avenue West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ELLSWORTH, FLOYD 23 PAUL RENE RD MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Ellsworth, Floyd D. 8745 Henry Avenue West Melbourne, FL 32904 <input checked="" 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 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: <i>Patricia Ellsworth</i>		Patricia M. Ellsworth 01/20/06 321-403-5554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	