2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F930000 1. Entity Name F.D.E., INC.			02-17-2006 90085 026 ***150.00					
Principal Place of Business	Mailing Address		40012222					
23 PAUL RENE DR	23 PAUL RENE DR		100-					
MELBOURNE, FL 32904	MELBOURNE, FL 32904							
<u>.</u>								
2. Principal Place of Business 9.7.4.5. Honory, Augusta 19.7.4.5. Hon			[
8745 Henry Avenue 8745 Henry Avenue Suite, Apt. #, etc. Suite, Apt. #, etc.			04402000					
			01192006 Chg-P CR2E034 (11/05)					
City & State West Melbourne, FL	City & State	ne. FL	4. FEI Number Applied For 16-1404059 Not Applicable					
Zip Country			\$9.75					
32904 USA	32904	USA	5. Certificate of Status Desired Fee Required					
6. Name and Address of Cur	rrent Registered Agent	Name	7. Name and Address of New Registered Agent					
ELLSWORTH, PATRICIA M		El	Ellsworth, Patricia M.					
23 PAUL RENE DR		Street Addr	Street Address (P.O. Box Number is Not Acceptable) 8745 Henry Avenue					
MELBOURNE, FL 32904		<u> </u>	45 henry Avende					
		City	₽ ∎ Zip Code					
		Wes	st Melbourne FL Zip Code 32904					
 Ine above named entity submits this statem the obligations of registered agent. 	ent for the purpose of changing its rej	gistered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept					
Patricia Ed	lawrie L		01/20/06					
SIGNATURE Signature, typed or printed name of registered		egistered Agent signature r						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$5			\$5.00 May Be Added to Fees					
After May 1, 2006 Fee will be \$5	Trust Fund Contribu		Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
### After May 1, 2006 Fee will be \$5 10. OFFICERS TITLE PS	Trust Fund Contribu	11.	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS					
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12. I hereby certify that the information supplied with this filling 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:	Satrice Ellsworth	Patricia	М.	Ellsworth	01/20/06	321-403-5	554
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Ωa	viime Phone #	1	