2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2005 8:00 am **Secretary of State DOCUMENT # H50869** 1. Entity Name 02-25-2005 90150 023 ***150.00 CORDEN L CORPORATION Principal Place of Business Mailing Address 4305 N.E. 11TH AVENUE 4305 N.E. 11TH AVENUE POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 No Chg-P CR2E034 (10/03) 01272005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2520170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCNANEY, DENNIS J. DO NOT WRITE 4305 N.E. 11TH AVENUE POMPANO BEACH, FL 33064 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCNANEY, DENNIS J. NAME STREET ADDRESS 4305 N.E. 11TH AVENUE CITY-ST-ZIP POMPANO BEACH, FL DILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME STREET ("C)nESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE

FILED

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CRY-ST-70

RINTED NAME OF SIGNING OFFICER OR DIRECTOR