

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91225

Entity Name: VOODEN, INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

1245 S. POWERLINE RD., STE 101
POMPANO BEACH, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

1245 S. POWERLINE RD., STE 101
SUITE 101
POMPANO BEACH, FL 33068 US

New Mailing Address:

FEI Number: 65-0126160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCADAMS, MARIA N
6656 SW 41 ST
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SUSSMAN, LAURA H
Address: 1245 S. POWERLINE RD., STE 101
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: M () Delete
Name: HARRINGTON, HENRY J
Address: 1245 SOUTH POWERLINE RD, STE 101
City-St-Zip: POMPANO BEACH, FL 33069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA SUSSMAN

DP

04/28/2007

Electronic Signature of Signing Officer or Director

Date