

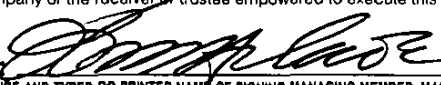


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90147 031 ****50.00

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DOCUMENT # L05000096768			
1. Entity Name ABDOER INTERNATIONAL, LLC			
Principal Place of Business 11891 US HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408 FL		Mailing Address 11891 US HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408 FL	
2. Principal Place of Business 95 NE 4th Ave		3. Mailing Address 95 NE 4th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Bch FL	
Zip 33483	Country Palm Bch	Zip 33483	Country Palm Bch.
4. FEI Number 20-3579161		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 US HIGHWAY ONE STE. 100 NORTH PALM BEACH FL 33408		7. Name and Address of New Registered Agent Name W. H. MILMOE Street Address (P.O. Box Number is not acceptable) CDS INTERNATIONAL HOLDINGS, INC 95 NORTHEAST FOURTH AVE City DELRAY BEACH, FL Zip Code 33483	
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  W. H. MILMOE DATE 4/21/06 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CDS RETAIL LLC 95 NE 4TH AVE. DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CDS / ABDO Products, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 95 NE 4th Ave Delray Beach, FL 33483
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
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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
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE  W. H. MILMOE		Date 4/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	