2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# P00000004453

Entity Name: MYRLEN, INC.

Current Principal Place of Business:

10076 NW 53RD STREET
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8783
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 22-2402110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSE, PAUL S
10076 NW 53RD STREET
SUNRISE, FL 33351 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: PD ( ) Delete
Name: ROSE, MYRNA
Address: 4106 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 334678174

Title: VD ( ) Delete
Name: ROSE, LEONARD
Address: 4106 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 334678174

Title: STD ( ) Delete
Name: ROSE, PAUL S
Address: 4711 NW 119TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: ROSE, MYRNA
Address: 4106 MANCHESTER LAKE DRIVE
City-St-Zip: LAKE WORTH, FL 334678174

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

Title: PD (X) Change ( ) Addition
Name: ROSE, PAUL S
Address: 4711 NW 119TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL ROSE PD 01/06/2005

Electronic Signature of Signing Officer or Director Date