

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004453

Entity Name: MYRLEN, INC.

FILED
Jan 25, 2007
Secretary of State

Current Principal Place of Business:

10076 NW 53RD STREET
SUNRISE, FL 33351 US

Current Mailing Address:

P.O. BOX 8783
CORAL SPRINGS, FL 33075

New Principal Place of Business:

17080 SAFETY STREET
SUITE 101
FT. MYERS, FL 33908 US

New Mailing Address:

17080 SAFETY STREET
SUITE 101
FT. MYERS, FL 33908 US

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:

ROSE, PAUL S
17080 SAFETY STREET
SUITE 101
FT. MYERS, FL 33908 US

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: PAUL S. ROSE

01/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () 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: PD () Delete
Name: ROSE, PAUL S
Address: 725 DONAX STREET
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: PAUL S. ROSE

PD

01/25/2007

Electronic Signature of Signing Officer or Director

Date