2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P0000042463 EDEN CONCEPTS, INC. 04-04-2001 90093 047 ***150.00 Principal Place of Business Mailing Address 15503 REDINGTON DRIVE 15503 REDINGTON DRIVE REDINGTON BEACH FL 33708 REDINGTON BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3449094 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, MICHELLE Street Address (P.O. Box Number is Not Acceptable) 15503 REDINGTON DRIVE **REDINGTON BEACH FL 33708** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -, --------FILE NOW!!!-FEE:IS-\$150:00 -------9. This corporation is eligible to satisfy its Intangible --10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change MILLER, MICHELLE NAME NAME 15503 REDINGTON DRIVE STREET ADDRESS STREET ADDRESS **REDINGTON BEACH FL 33708** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition MILLER, CURT NAME NAME 15503 REDINGTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **REDINGTON BEACH FL 33708** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

3-26.01