CAPITAL CONNECTION 850 222 1222 04/2

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-20-2005 90033 004 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117260

1. Entity Name: EDDEN CLOTHING COMPANY, INC.

DO NOT WRITE IN THIS SPACE

66023090

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2. Principal Place of Business: 1120 NEW PARKVIEW PL
Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL
Zip: 33417 Country: USA

3. Mailing Address: P.O. BOX 807
Suite, Apt. #, etc.
City & State: LAKE WORTH, FL
Zip: 33460 Country: USA

4. FEI Number: 65-1077410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: WAYNE RICHARDS
Street Address (P.O. Box Number is Not Acceptable): 2001 BROADWAY, STE 101
City: RIVIERA BEACH FL Zip Code: 33404

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: Wayne Richards Esq. 6/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	CHRISTOPHER EDDEN
STREET ADDRESS	1120 NEW PARKVIEW PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	VP
NAME	CHRISTOPHER EDDEN
STREET ADDRESS	1120 NEW PARKVIEW PLACE
CITY-ST-ZIP	WEST PALM BCH, FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: H. Christopher Edden 4/29/05 (561) 616-8962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHRISTOPHER EDDEN