

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000023871

1. Entity Name
MYDAS GROUP INC.



Principal Place of Business
262 NE 1 STREET
MIAMI, FL 33132 US

Mailing Address
111 NE 2ND AVENUE
NO. 1102
MIAMI, FL 33132 US

FILED
Apr 27, 2006 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1082963	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCUDERI, DANIEL G
111 NE 2ND AVENUE
NO. 1102
MIAMI, FL 33132

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
SCUDERI, DANIEL G
262 NE 1ST STREET
MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000537275
05/09/06-80010-010 150.00

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IN THIS SPACE**

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #