

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000031034			
1. Entity Name MINDENT INC.			
Principal Place of Business 400 N RIVERSIDE DR. 403 33062, FL 33060		Mailing Address 400 N RIVERSIDE DR. 403 33062, FL 33060	
DO NOT WRITE IN THIS SPACE			
		04172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 03-0409163	
		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 KERLEW, MICHAEL 2213 E ATLANTIC BLVD POMPAÑO BEACH, FL 33062		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000534331 05/08/06-80007-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	SZABO, HUBA		
STREET ADDRESS	400 N RIVERSIDE DR., #403		
CITY- ST- ZIP	POMPAÑO BEACH, FL 33062		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY- ST- ZIP			
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CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: _____		4/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	