2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061797

Entity Name: MAUDAN, INC.

FILED Apr 29, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|--|--------------------------------|---|--|--|
| 5125 EL P PALM BEA | INE WAY ACH GARDEN | S, FL 33418 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 5125 EL P PALM BEA | INE WAY ACH GARDEN | S, FL 33418 | | | |
| FEI Number | : 04-3692243 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| 1230 NW 4 | ITI, DOMINGO 49 STREET O BEACH, FL | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | I office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MICELI, GRAC 5125 EL PINE | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |

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: GRACIELA D MICELI PD 04/29/2006