

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109749

FILED
Apr 30, 2004
Secretary of State

Entity Name: RIDAN GROUP, INC.

Current Principal Place of Business:

%BRUCE FAVRE
1744 CARAMBOLA RD
WEST PALM BEACH, FL 33406 US

Current Mailing Address:

%BRUCE FAVRE
1744 CARAMBOLA RD
WEST PALM BEACH, FL 33406 US

FEI Number: 37-1445319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODY, ROBERT
CENTURION TOWER
1601 FORUM PLACE, SUITE 304
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

%BRUCE FAVRE
1393 BEACON CIRCLE
WELLINGTON, FL 33414 US

New Mailing Address:

%BRUCE FAVRE
1393 BEACON CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

FAVRE, BETH A
1393 BEACON CIRCLE
WELLINGTON, FL 33414 US

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: BETH A. FAVRE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FAVRE, BRUCE
Address: 1744 CARAMBOLA RD
City-St-Zip: W PALM BEACH, FL 33406

Title: D () Delete
Name: FAVRE, BETH
Address: 1744 CARAMBOLA RD
City-St-Zip: W PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FAVRE, BRUCE
Address: 1393 BEACON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: FAVRE, BETH
Address: 1393 BEACON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETH A. FAVRE

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date