

2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
May 23, 2006
Secretary of State**

DOCUMENT# P02000109749

Entity Name: RIDAN GROUP, INC.

Current Principal Place of Business:

%BRUCE FAVRE
1393 BEACON CIRCLE
WELLINGTON, FL 33414 US

New Principal Place of Business:

%BETH FAVRE
1393 BEACON CIRCLE
WELLINGTON, FL 33414 US

Current Mailing Address:

%BRUCE FAVRE
1393 BEACON CIRCLE
WELLINGTON, FL 33414 US

New Mailing Address:

%BETH FAVRE
1393 BEACON CIRCLE
WELLINGTON, FL 33414 US

FEI Number: 37-1445319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FULLER, GABRIELLE
Address: 21 GOLD OAK COURT
City-St-Zip: HILTON HEAD ISLAND, SC 29926

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: BETH A FAVRE D 05/23/2006

Electronic Signature of Signing Officer or Director Date