FILED
May 14, 2004 8:00 am
Secretary of State

04-27-2004 90432 001 ***150.00
04-27-2004 90432 002 *****8.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000039268

1. Entity Name
ABERDARE INC.

66421621

Principal Place of Business	Mailing Address
238 WILSHIRE BOULEVARD SUITE ~~153~~ CASSELBERRY, FL 32707	238 WILSHIRE BOULEVARD SUITE ~~153~~ CASSELBERRY, FL 32707

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. STE 149	Suite, Apt. #, etc. STE 149
City & State	City & State
Zip / Country	Zip / Country

04132004 Chg-P CR2E034 (10/03)

4. FEI Number 11-3686941 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRAGU, WILSON K
238 WILSHIRE BOULEVARD
SUITE ~~153~~
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
STE 149
City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIRAGU, WILSON K 238 WILSHIRE BLVD. #~~153~~ CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STE 149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KIMANI, TARSILLA M 238 WILSHIRE BLVD. #~~153~~ CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STE 149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: WILSON KIMANI KIRAGU April, 22nd 2004 (254) 722625106 or (254) 722461382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #