

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90012 026 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000106742 1. Entity Name EADEN ENTERPRISES, INC.			
Principal Place of Business 8650 NW 3 LANE #3 MIAMI, FL 33126		Mailing Address 8650 NW 3 LANE #3 MIAMI, FL 33126	
2. Principal Place of Business 24 Riverview Circle Suite, Apt. #, etc.		3. Mailing Address 24 Riverview Circle Suite, Apt. #, etc.	
City & State Greenville, SC		City & State Greenville, SC	
Zip 29611	Country	Zip 29611	Country
4. FEI Number 06-1710592		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARROYO, NANCY M 6701 SUNSET DRIVE SUITE 104 MIAMI, FL 33143		7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) One Datan Center Suite 1602 4100 S. Dadeland Blvd. City Miami FL Zip Code 33156	
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 <u><i>Nancy M. Arroyo</i></u> 3/19/05 <small>Signature typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-STATE-ZIP PT GREEN, ZACHARY M 8650 NW 3 LANE #3 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 24 Riverview Circle Greenville, SC 29611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP VS GREEN, EVA V 8650 NW 3 LANE #3 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 24 Riverview Circle Greenville, SC 29611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>E. V. Green</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/2/05 864295-0000 <small>Date Daytime Phone #</small>	

40041523

