2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111577

FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90120 003 ***158.75

1. Entity Name ARDA MANAGEMENT, INC.								
Principal Place of Business			ling Address	00 NE 18	14019848			
44 BEECHWOOD LN PALM COAST, FL 32317			BEECHWOOD LN LM COAST, FL 323	17		# #8 (8)))	** ** II (
2. Principal P	Place of Business	- 3. M	ailing Address	•				
Suite, Apt. #, etc.		S	uite. Apt. #, etc.		04282004 Chg-P CR2E	034 (10/03)		
City & State		С	City & State		4. FEI Number 02-0708708		plied For t Applicable	
Zip	Country	Zi		Country	5. Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A.				Street Address	Name BRIAN SMERDON Streat Address (P.O. Roy Number is Not Acceptable)			
1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				44	Street Address (P.O. Box Number is Not Acceptable) 44 BEECHWOOD LANE			
				City PAL	M COAST FI	Zip Code	137	
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 Signature, typest or promosulamen of registered agent and retord agent agent and retord agent a								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.		CERS AND DIRECT	FORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS		
Tilli.f	PSTD		Delete	TITLE		Change	Addition	
NAM: OTREET ADDRESS	SMERDON, BRIÂN STREET ADDRESS 44 BEECHWOOD LN			NAME STREET ADDRESS				
CHY-ST-ZIP PALM COAST, FL 32317		317		EITY-ST-ZIP				
TIFLE			☐ Deleta	TITLE		Change	Addition	
NAME			LL Doigle	NAME				
STREET ADDRESS				STREET ADDRESS				
CHA SI-NB				CITY - ST - ZIP				
THE	[☐ Delete	TITLE		Change	Addition	
NAME OTHER ADDRESS				NAME CTREET NUMBERS				
CITY-ST-ZIP				STREET ADDRESS CITY - ST - ZIP				
TIRC			☐ Delete	THILE	ž.	Change	☐ Addition	
NAME CORET (SUMMOD				NAME STREET ADDRESS				
STREET ADDRESS CHY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	HILE		☐ Change	Addition	
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STREET ADDRESS				STREET ADDRESS			1	
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TIFLE								
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HAME			Delete	NAME		Change	☐ Addition	
HAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			Change	Addition	

12. Thereby 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Buran mades

4-30-04

386-246-4263