2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134098

909 WOODMERE CIRCLE

ORMOND BEACH, FL 32174 US

Address: City-St-Zip:

Entity Name: NAARDEN, INC

FILED Mar 25, 2008 Secretary of State

Littly Nai	HE. NAARDEN, INC			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
909 WOOI SUITE N	DMERE CIRCLE			
	BEACH, FL 32174 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
C/O K. VAI PO BOX 2: ORMOND				
FEI Number:	20-0408474 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
909 WOOI SUITE N	EN, KRISTOPHER M DMERE CIRCLE BEACH, FL, FL 32175 US	909 WOODMÉRE CIRC SUITE N	VAN ORDEN, KRISTOPHER M 909 WOODMERE CIRCLE SUITE N ORMOND BEACH, FL 32175 US	
	named entity submits this statement for the e of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			03/25/2008	
	Electronic Signature of Registered A	gent	Date	
Election Car	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete VAN ORDEN, KRISTOPHER M 909 WOODMERE CIRCLE ORMOND BEACH, FL 32174 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S/T () Delete VAN ORDEN, WAYNE A 909 WOODMERE CIRCLE ORMOND BEACH, FL 32174 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VP () Delete VAN ORDEN, WAYNE	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: KRISTOPHER VAN ORDEN P 03/25/2008