

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90321 001 ***158.75

DOCUMENT # P04000034340 1. Entity Name MAIDENHEAVEN INC.			
Principal Place of Business 4161 MAU MAU LN ORLANDO, FL 32822 US		Mailing Address 4161 MAU MAU LN ORLANDO, FL 32822 US	
2. Principal Place of Business 45 S. Magnolia Dr Suite, Apt. #, etc. A City & State Satellite Beach, FL Zip 32937 Country Brevard		3. Mailing Address 45 S. Magnolia Dr Suite, Apt. #, etc. A City & State Satellite Beach, FL Zip 32937 Country Brevard	
4. FEI Number 20-0758162		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04032005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TREU, MELISSA L 4161 MAU MAU LN ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name Melissa L. Treu Street Address (P.O. Box Number is Not Acceptable) 45 S. Magnolia Dr APT A City Satellite Beach FL Zip Code 32937	
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>Melissa L. Treu /p Melissa L. Treu</u> 04/03/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 P <input type="checkbox"/> Delete NAME TREU, MELISSA L STREET ADDRESS 4161 MAU MAU LN CITY-ST-ZIP ORLANDO, FL 32822	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TREU, Melissa L STREET ADDRESS 45 S Magnolia Dr APT A CITY-ST-ZIP Satellite Beach, FL 32937		
TITLE VP <input checked="" type="checkbox"/> Delete NAME CARPENTER, RALPH T STREET ADDRESS 4161 MAU MAU LN CITY-ST-ZIP ORLANDO, FL 32822			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
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>Melissa L. Treu</u> Melissa L. Treu 04/03/05 407-719-3596 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			