


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90033 041 ***158.75

DOCUMENT # P04000034340		
1. Entity Name MAIDENHEAVEN INC.		

Principal Place of Business 45 S MAGNOLIA DR A SATELLITE BEACH, FL 32937 US	Mailing Address 45 S MAGNOLIA DR A SATELLITE BEACH, FL 32937 US
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2. Principal Place of Business 45A S Magnolia Dr Suite, Apt. #, etc.	3. Mailing Address 45A S Magnolia Dr Suite, Apt. #, etc.
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City & State Satellite Beach, FL	City & State Satellite Beach, FL
Zip 32937	Zip 32937
Country US	Country US



02152006 Chg-P CR2E034 (11/05)

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	

6. Name and Address of Current Registered Agent TREU, MELISSA L 45 S MAGNOLIA DR SATELLITE BEACH, FL 32937	7. Name and Address of New Registered Agent Name Treu, Melissa L Street Address (P.O. Box Number is Not Acceptable) 45A S Magnolia Dr City Satellite Beach FL Zip Code 32937
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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 *Melissa L. Treu* / President 2/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TREU, MELISSA L 45 S MAGNOLIA DR APT A SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Melissa L. Treu* 2/16/06 407-719-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #