*2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP

Sep 01, 2005 8:00 am Secretary of State **DOCUMENT # P04000117673** 09-01-2005 90023 022 ***150.00 1. Entity Name SL VEDA, INC. Principal Place of Business Mailing Address 1412 ALBERNI STREET 1412 ALBERNI STREET 50064429 PALM BAY, FL 32907 PALM BAY, FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08162005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLISON, LINDA A Street Address (P.O. Box Number is Not Acceptable) 1038 ASHLEY AVENUE INDIAN HARBOUR BEACH, FL 32937 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete ☐ Addition TITLE Change REID, STEVEN P NAME NAME STREET ADDRESS 1412 ALBERNI STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY, FL 32907 ☐ Delete TITLE TITLE 🔲 Change 🛫 🔲 Addition ALLISON, LINDA A NAME NAME STREET ADDRESS 1038 ASHLEY AVENUE STREET ADDRESS INDIAN HARBOUR BEACH, FL 32937 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chanoe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME

FILED

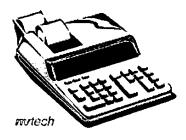
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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. (321)

STREET ADDRESS

CITY-ST-ZIP

8/16/05 SIGNATURE:

ATTACHMENT



Kathy Randa

Randa Enterprises, Inc.

217 Micanopy Court Indian Harbour Beach, Florida 32937 Telephone and Fax: (321) 773-4949 e-mail: kranda@cfl.rr.com

August 27, 2005

Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314-6198

Re: P04000117673 St. Veda, Inc.

To whom it may concern:

Enclosed please find the above mentioned's check for \$150. for renewal of the corporation.

Please abate the penalty on this corporation as it was the corporation's first year and the officers had no idea what to do. They have stated to me that they never received their renewal card. I have had them make the check for \$150 pending your decision on the penalty.

Sincerely,

Kathy Randa

Kathy Randa Accountant