


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90357 042 \*\*\*150.00

<b>DOCUMENT # P05000043499</b>																																																																																																																																			
<b>1. Entity Name</b> HAVENDALE CORPORATION																																																																																																																																			
<b>Principal Place of Business</b> 2049 HAVENDALE BLVD WINTER HAVEN, FL 33881			<b>Mailing Address</b> 2049 HAVENDALE BLVD WINTER HAVEN, FL 33881																																																																																																																																
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip	Country	Zip	Country	03082006    Chg-P    CR2E034 (11/05)																																																																																																																															
<b>4. FEI Number</b> 56-2506297				Applied For Not Applicable																																																																																																																															
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																																																																																																																
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name <b>MAHMUDUL OSMANI</b>																																																																																																																																
			Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																
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			City <b>WINTER HAVEN</b>		FL    Zip Code <b>33881</b>																																																																																																																														
<b>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.</b>																																																																																																																																			
SIGNATURE <b>MAHMUDUL OSMANI</b>		<i>Mahmudul Osmani</i>		DATE <b>3-10-6</b>																																																																																																																															
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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<b>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.</b>																																																																																																																																			
<b>SIGNATURE:</b> <b>MAHMUDUL OSMANI</b>		<i>Mahmudul Osmani</i>		DATE <b>3-10-6</b>																																																																																																																															
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Daytime Phone #																																																																																																																																			