2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2006 8:00 am
Secretary of State

03-08-2006 90189 040 ***150.00

66021809

1st MOORE CR2E034 (10/05)

DOCUMENT # P05000061595

1. Entity Name

AIDAN CONSULTING CORPORATION

Principal Place of Business	Mailing Address
106 ST. JOHNS LANDING DRIVE WINTER SPRINGS FL 32708	106 ST. JOHNS LANDING DRIVE WINTER SPRINGS FL 32708

2. Principal Place of Business	3. Mailing Address
2805 ALDRICH DR.	2805 ALDRICH DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CUMMING GA.	City & State: CUMMING GA.
Zip: 30040 Country: USA	Zip: 30040 Country: USA.

4. FEI Number: 20-2739869 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYDON, THOMAS P
106 ST. JOHNS LANDING DRIVE
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City FL 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] 1-25-06
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LYDON, THOMAS P		NAME		
STREET ADDRESS	106 ST. JOHNS LANDING DRIVE		STREET ADDRESS	2805 ALDRICH DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	CUMMING, GA 30040	
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LYDON, CHRISTINE M		NAME		
STREET ADDRESS	106 ST. JOHNS LANDING DRIVE		STREET ADDRESS	2805 ALDRICH DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	CUMMING, GA. 30040.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] THOMAS P. LYDON 1-25-06 770-888-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66021809

~~#~~ P0500006159 5

spoke with Michelle on 7.10.06
Had sent this in Mail, apparently
lost in mail. Please
waive late fees (as per
Michelle)

Thank you.
Justin Epler.