


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90042 048 \*\*\*150.00

<b>DOCUMENT # P05000115122</b>	
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1. Entity Name  
**LEDAN, INC.**

Principal Place of Business  
**5 GALLBERRY CT  
BUNNELL, FL 32110**

Mailing Address  
**5 GALLBERRY CT  
BUNNELL, FL 32110**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272006 Chg-P CR2E034 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FELTER, JULIE BRYANT 5 GALLBERRY CT BUNNELL, FL 32110</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<del>PO</del> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELTER, JULIE</b>	NAME	<b>D</b>
STREET ADDRESS	<b>PO BOX 296</b>	STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>BUNNELL, FL 32110</b>	CITY-ST-ZIP	
TITLE	<del>PO</del> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELTER, LELA</b>	NAME	<b>PO</b>
STREET ADDRESS	<b>1520 SE 8TH ST</b>	STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>OCALA, FL 34471</b>	CITY-ST-ZIP	
TITLE	<del>PO</del> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELTER, C DANIELLE</b>	NAME	<b>VP</b>
STREET ADDRESS	<b>PO BOX 452</b>	STREET ADDRESS	<b>3125 NE 11 ST.</b>
CITY-ST-ZIP	<b>OKLAHOMA, FL 32170</b>	CITY-ST-ZIP	<b>OCALA, FLA. 34470</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELTER, TOM</b>	NAME	
STREET ADDRESS	<b>PO BOX 296</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL, FL 32110</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

*Julie Bryant Felter* 1/31/06