


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000134871

1. Entity Name
AEDEN ENTERPRISES, INC.



Principal Place of Business
**3907 WEKIVA SPRINGS RD
 LONGWOOD, FL 32779**

Mailing Address
**3907 WEKIVA SPRINGS RD
 LONGWOOD, FL 32779**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3607875	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KALAJ, ALBERT
 3907 WEKIVA SPRINGS RD
 LONGWOOD, FL 32779**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALAJ, ALBERT 3907 WEKIVA SPRINGS RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KALAJ, ALBERT 3907 WEKIVA SPRINGS RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES KALAJ, ALBERT 3907 WEKIVA SPRINGS RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR KALAJ, ALBERT 3907 WEKIVA SPRINGS RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/24/07-80016-013 150.00

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: *Albert Kalaj* **4/12/07 407 774 7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #