

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90022 023 \*\*\*150.00

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03032008 Chg-P CR2E034 (12/06)

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-3607875	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KALAJ, ALBERT 3907 WEKIVA SPRINGS RD LONGWOOD, FL 32779		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P KALAJ, ALBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALAJ, ALBERT	NAME	
STREET ADDRESS	3907 WEKIVA SPRINGS RD	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP	
TITLE	VP KALAJ, ALBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALAJ, ALBERT	NAME	
STREET ADDRESS	3907 WEKIVA SPRINGS RD	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP	
TITLE	TRES KALAJ, ALBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALAJ, ALBERT	NAME	
STREET ADDRESS	3907 WEKIVA SPRINGS RD	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP	
TITLE	SECR KALAJ, ALBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALAJ, ALBERT	NAME	
STREET ADDRESS	3907 WEKIVA SPRINGS RD	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779	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.			
SIGNATURE: <u><i>Albert Kalaj</i></u>		Date: <u>3/26/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	