


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90009 013 \*\*\*150.00

DOCUMENT # P06000156680					
<b>1. Entity Name</b> EPIC EDEN, INC.					
<b>Principal Place of Business</b> 5135 CLOVER MIST DRIVE APOLLO BEACH, FL 33572 US			<b>Mailing Address</b> 5135 CLOVER MIST DRIVE APOLLO BEACH, FL 33572 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 71-1018493	
Zip		Country		Applied For Not Applicable	
City & State		City & State		<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>  RODRIGUEZ, HENRY ESQ. 9100 S. DADELAND BLVD. 1500 MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b>  Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City: _____ FL Zip Code: _____		
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGG, WILLIAM 5135 CLOVER MIST DRIVE APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIGG, WILLIAM 5135 CLOVER MIST DRIVE APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABENDSCHEIN, MICHAEL 1413 CRYSTAL COURT TAVARES, FL 33278	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			

**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.**

*William Pigg*

7/16/07

941-323-3303