

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90095 048 \*\*\*150.00

<b>DOCUMENT # P93000011473</b> 1. Entity Name <b>DENKEN, INC.</b>					
Principal Place of Business <b>53 12TH STREET N.</b> <b>NAPLES, FL 34102</b> <b>US</b>			Mailing Address <del>53 12TH STREET N.</del> <del>NAPLES, FL 34102</del> <del>US</del>		
2. Principal Place of Business <b>1975 Frederick Street</b>		3. Mailing Address <b>1975 Frederick Street</b>			
Suite, Apt. #, etc. <b>n/a</b>		Suite, Apt. #, etc. <b>n/a</b>			
City & State <b>Naples, Florida</b>		City & State <b>Naples, Florida</b>		4. FEI Number <b>65-0388913</b>	
Zip <b>34112</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOURDON, DENISE M</b> <b>53 12TH STREET N.</b> <b>NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1975 Frederick Street</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34112</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.  SIGNATURE _____ (NOTE: Registered Agent signature required when registering)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>PTD</b>	NAME <b>BOURDON, DENISE M</b>		TITLE 	NAME 	
STREET ADDRESS <b>2000 TARPON ROAD</b>	CITY-ST-ZIP <b>NAPLES, FL 34102</b>		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE <b>VSD</b>	NAME <b>MABE, KENNETH J</b>		TITLE 	NAME 	
STREET ADDRESS <b>3370 10TH STREET NORTH, #1311</b>	CITY-ST-ZIP <b>NAPLES, FL 34103</b>		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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.					
<b>SIGNATURE:</b> <i>Denise Mabe</i>			<b>3-1-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		