2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059644

1. Entity Name
NANDEN, INC.

Principal Place of Business	Mailing Address
319 HEMMINGWAY CT	3590 WADING HERON TERRACE
OVIEDO FL 32766	OVIEDO FL 32766

2. Principal Place of Business	3. Mailing Address
3590 WAding HEron Tor	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Oviedo, FL	City & State
Zip 32766 Country USA	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3199960 | Applied For ☐ / Not Applicable ☐

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
RUSCITTI, DENNIS R	Name
3590 WADING HERON TERRACE	Street Address (P.O. Box Number is Not Acceptable)
OVIEDO FL 32766	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 _Dennis R Ruscitti_ DENNIS R RUSCITTI/PRES (SIGNED THIS BLOCK IN ERROR NO CHANGE 4-18-03 OF AGENT) 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D / NAME RUSCITTI, DENNIS R / STREET ADDRESS 3590 WADING HERON TERRACE / CITY-ST-ZIP OVIEDO FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME RUSCITTI, NANCY P / STREET ADDRESS 3590 WADING HERON TERRACE / CITY-ST-ZIP OVIEDO FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Dennis R Ruscitti_ DENNIS R RUSCITTI/PRES 4/18/03 407-366-2243

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