


**-2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P94000028602

1. Entity Name
DE RIDDER CORPORATION



FILED

06 MAY -5 AM 9:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05032006 Chg-P CR2E034 (11/05)

Principal Place of Business
**4406 S.W. 132ND PLACE
MIAMI, FL 33175**

Mailing Address
**4406 S.W. 132ND PLACE
MIAMI, FL 33175**

2. Principal Place of Business
4406 SW 132 PL

3. Mailing Address
P O BOX 832603

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FL

Zip
33175

Country
USA

Zip
33283

Country
USA

MIAMI-0006

4. FEI Number
65-0494664

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE RIDDER, PHILIPPE
4406 S.W. 132ND PLACE
MIAMI, FL 33175**

7. Name and Address of New Registered Agent

Name
DE RIDDER, PHILIPPE

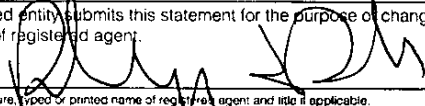
Street Address (P.O. Box Number is Not Acceptable)
4406 SW 132 PLACE

City
MIAMI

FL

Zip Code
33283

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 *  **Philippe De Ridder** **5/3/06**

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May 65/23/06--01006--019 ****61.25** Added to Fees

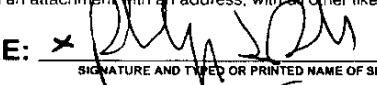
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE RIDDER, PHILIPPE 4406 S.W. 132ND PLACE MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE RIDDER, MARCELLA 4406 S.W. 132ND PLACE MIAMI, FL 33175	<input checked="" 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	B	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *  **Philippe DE Ridder** **5/3/06** **305-905-3268**

Signature and typed or printed name of signing officer or director Date Daytime Phone #