

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000015453**

1. Entity Name  
**ELSHADDAI PHELCORDENIQUE INC.**



Principal Place of Business  
 2130 ECHO LAKE DR  
 WEST PALM BEACH, FL 33407

Mailing Address  
 PO BOX 8041  
 W. PALM BCH., FL 33407



01302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0756392</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NANGLE, PHELMIN**  
 2130 ECHO LAKE DR  
 WEST PALM BEACH, FL 33407

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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	<b>NANGLE, PHELMIN</b>
STREET ADDRESS	<b>2130 ECHO LAKE DR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>
TITLE	V
NAME	<b>NANGLE, LILA</b>
STREET ADDRESS	<b>2130 ECHO LAKE DR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33407</b>
TITLE	
NAME	
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**STATE COPY**

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:** *X Phelmin Nangle* **PHELMIN NANGLE 3.3.05 361-844-7059**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #