

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P95000015453 |  |
| 1. Entity Name ELSHADDAI PHELCORDENIQUE INC. | |

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|---|--|
| Principal Place of Business 2130 ECHO LAKE DR WEST PALM BEACH, FL 33407 | Mailing Address PO BOX 8041 W. PALM BCH., FL 33407 |
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02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|----------------------------------|--|
| 4. FEI Number 65-0756392 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 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, 2008 Fee will be \$550.00

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

U00000869432
 04/09/09-80051-002 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NANGLE, PHELMIN 2130 ECHO LAKE DR WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NANGLE, LILA 2130 ECHO LAKE DR WEST PALM BEACH, FL 33407 |
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STATE COPY

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: X Phelmin Nangle PHELMIN NANGLE 2.28.08 561-844-7059

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