## FILED 2004 FOR PROFIT CORPORATION Jul 08, 2004 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P95000036260 ALYDAN ENTERPRISES, INC. Principal Place of Business Mailing Address 10235 HUNT CLUB LN 10235 HUNT CLUB LN PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 07012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0598353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLEM, ROY G DO NOT WRITE 10235 HUNT CLUB LN PALM BEACH GARDENS, FL 33418 IN THIS SPACE 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 Signature, typed or printed name of replatered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. D TITLE ALLEM, ROY G NAME 10235 HUNT CLUB LN STREET ADDRESS CITY - ST - ZIP PALM BEACH GARDENS, FL 33418 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 receives 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 an other like empowered.

SIGNATURE:

CITY-ST-ZIP

J. 🏩

ATUNE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04

561-627-395