### , 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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#### DOCUMENT # P96000088670

1. Entity Name

EDEN ABODE ENTERPRISES, INC.



Principal Place of Business

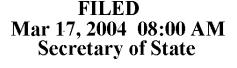
2335 NINTH STREET NORTH

SUITE 304 NAPLES, FL 34103 Mailing Address

2335 NINTH STREET NORTH

SUITE 304

NAPLES, FL 34103





03022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0707102 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASKINS, CYNTHIA H 2335 NINTH STREET NORTH SUITE 304 NAPLES, FL 34103

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	bove named entity submits this statement for the poligations of registered agent.	ourpose of changing its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATE			
	Signature, typod or printed name of registered agent and title	if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
Afte	FILE NOWIII FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees	00000000000000000000000000000000000000
10.	OFFICERS AND DIREC	CTORS	
TITLE	D		
NAME	GASKINS, CYNTHIA H		

#### STREET ADDRESS 2335 NINTH STREET NORTH STE 304 CITY-ST-ZIP NAPLES, FL 34103 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP mlE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP

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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 it 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 Slock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cythin A.

CYNTHIA H. GASKINS

x3/11/03

(239) 263-7750