2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000088670

1. Entity Name

EDEN ABODE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2335 NINTH STREET NORTH SUITE 304 NAPLES, FL 34103

2335 NINTH STREET NORTH SUITE 304 NAPLES, FL 34103

FILED Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90165 036 ***150.00



04182006

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

GASKINS, CYNTHIA H 2335 NINTH STREET NORTH SUITE 304

DO NOT WRITE

NAPLES, FL 34103			IN THIS SPACE		
	, 14				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE
FILE NOWITI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campai Trust Fund Cont			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASKINS, CYNTHIA H 2335 NINTH STREET NORTH STE 30 NAPLES, FL 34103	04			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>,</u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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.

NAME STREET ADDRESS CITY-ST-ZIP

CYNTHIA H. GASKINS, PRES.

(239) 263-7750

CYNTHIA H. GA

Daytime Phone #