


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90013 025 \*\*\*150.00

<b>DOCUMENT # P99000019751</b>	
1. Entity Name ARDEN CONSTRUCTION, INC.	

Principal Place of Business 9494 SALANIS CIRCLE BOCA RATON, FL 33496	Mailing Address 10820 LA SALANIS CIRCLE BOCA RATON, FL 33428
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40117526

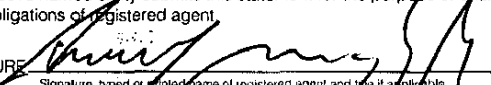


2. Principal Place of Business - No P.O. Box # MISHELE, DANY 9494 SADDLEBROOK DR City & State BOCA RATON, FL Zip 33496 Country US	3. Mailing Address MISHELE, DANY Suite, Apt. #, etc. 9494 SADDLEBROOK DR City & State BOCA RATON, FL Zip 33496 Country US
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04242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MISHELE, DANY 10820 LA SALANIS CIRCLE BOCA RATON, FL 33428	7. Name and Address of New Registered Agent Name MISHELE, DANY Street Address (P.O. Box Number is Not Acceptable) 9494 SADDLEBROOK DRIVE City BOCA RATON FL Zip Code 33496
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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 5-8-07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISHELE, DANY 10820 LA SALANIS CIRCLE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MISHELE, DANY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9494 SADDLEBROOK DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 5-8-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #