


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90032 006 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P99000039039</b>               |  |  |
| 1. Entity Name<br><b>MLDA HOLDINGS, INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>60 MARCO LAKE DR.<br/>MARCO ISLAND FL 34145</b> | Mailing Address<br><b>60 MARCO LAKE DR.<br/>MARCO ISLAND FL 34145</b> |
|---|---|

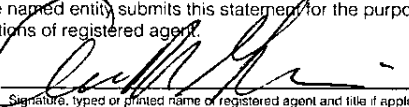
|  |  |
|--|--|
| 2. Principal Place of Business<br><b>19 Bald Eagle Dr.</b> | 3. Mailing Address<br><b>19 Bald Eagle Dr.</b> |
| Suite, Apt. #, etc.<br><b>Ste. B</b>                       | Suite, Apt. #, etc.<br><b>Ste. B</b>           |
| City & State<br><b>Marco Island, FL.</b>                   | City & State<br><b>Marco Island, FL.</b>       |
| Zip<br><b>34145</b>  | Zip<br><b>34145</b>                            |
| Country  | Country  |



MOORE CR2E034 (11/03)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>GUIDRY, DR. ANDREW<br/>60 MARCO LAKE DRIVE.<br/>MARCO ISLAND FL 34145</b> |  |
|---|--|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3578209</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 7. Name and Address of New Registered Agent   |  |
| Name  |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |
| City  |  |
| State <b>FL</b> Zip Code  |  |

|   |   |
|---|---|
| 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   | Andrew M. Guidry DO/FS<br>LT COL / MC / FLARNG<br>LIC # 0807068 |
| Signature, typed or printed name of registered agent and title if applicable.   | (Not required when reinstating) DATE                            |

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

|  |
|--|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>P<br/>GUIDRY, DR. ANDREW<br/><del>60 MARCO LAKE DRIVE</del><br/><del>MARCO ISLAND FL 34145</del></b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>19 Bald Eagle Dr. Ste. B<br/>Marco Island, FL. 34145</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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:  | 3/4/04 | 239-394-4111    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date   | Daytime Phone # |