2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 28, 2005 08:00 AM DOCUMENT # V73850 **Secretary of State** 1. Entity Name PARDEW ENTERPRISES CORPORATION Principal Place of Business Mailing Address 10 HARBOUR DRS 10 HARBOUR DR S OCEAN RIDGE, FL 33435 OCEAN RIDGE, FL 33435 03032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0376620 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARDEW, SCOTT DO NOT WRITE 10 HARBOUR DR S OCEAN RIDGE, FL 33435 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, typod or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 П After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS to. TITLE PARDEW, SCOTT NAME STREET ADDRESS 10 HARBOUR DR S CITY-ST-ZIP OCEAN RIDGE, FL 03/28/05-80042-014 150.00° VSTD TITLE PARDEW, MICHELLE NAME 10 HARBOUR DR S STREET ADDRESS CITY-ST-ZIP OCEAN RIDGE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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