


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 141959 1. Entity Name R.W. CALDWELL INC.	
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Principal Place of Business 5201 GULFPORT BLVD. GULFPORT, FL 33707	Mailing Address 5201 GULFPORT BLVD. GULFPORT, FL 33707
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07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0521896	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HORNSLETH, POUL 5201 GULFPORT BOULEVARD GULFPORT, FL 33707	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CALDWELL, R.W. JR. 6614 FLAMINGO WAY S. GULFPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALDWELL, ADELE 6614 FLAMINGO WAY S GULFPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HORNSLETH, APRIL CALDWEL 2846 SKIMMER PT. DR. GULFPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNSLETH, POUL, JR 2846 SKIMMER PT DR GULFPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/10/07-80004-022 150.00

DO NOT WRITE IN THIS SPACE

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: <u>Poul Hornsleth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3 July 2007 <small>Date</small>	727 321-1212 <small>Daytime Phone #</small>
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