2007 FOR PROFIT CORPORATION

Apr 09, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P93000087461 1. Entity Name CAPITAL CALADIUMS COMPANY Mailing Address Principal Place of Business 81 BATES RD 81 BATES RD LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 02092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3219308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATES, SHERRI DO NOT WRITE 81 BATES RD LAKE PLACID, FL 33852 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE U0000069**5**736 NAME BATES, SHERRI 04/17/07-80071-019 150.00 81 BATES RD STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 DST TITLE NAME CANTWELL, TERRI 81 BATES RD STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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:

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

FILED