2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE:

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P93000087461 04-28-2008 90342 047 ***150.00 1. Entity Name CAPITAL CALADIUMS COMPANY Principal Place of Business Mailing Address 81 BATES RD 81 BATES RD LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 CR2E034 (12/06) Chg-P City & State City & State 4 FEI Number Applied For 59-3219308 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sheri Bates BATES, SHERRI Street Address (P.O. Box Number is Not Acceptable) 81 BATES RD 81 Bates Road LAKE PLACID, FL 33852 City FL ^{zi}33852 Lake Placid 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change DP TITLE TITLE ☐ Delete DP ☐ Addition BATES, SHERRI NAME NAME Sheri Bates 81 Bates Road Lake Placid, FL 33852 81 BATES RD STREET ADDRESS STREET ADDRESS LAKE PLACID, FL 33852 CITY-ST-ZIP DVST ☐ Delete TITLE X Change ☐ Addition TITLE CANTWELL, TERRI Terri Cantwell NAME NAME STREET ADDRESS 81 BATES RD STREET ADDRESS 81 Bates Road LAKE PLACID, FL 33852 CITY-ST-ZIP Lake Placid, FL 33852 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED