2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 20, 2006 08:00 AM **Secretary of State** DOCUMENT # P95000011534 PAUL M. CALDWELL, P.A. Principal Place of Business Mailing Address PO BOX 120069 25 TOWN CENTER BLVD SUITE C CLERMONT, FL 34712-0069 US CLERMONT, FL 34714 CR2E034 (11/05) 01092006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0556178 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE PAUL M. CALDWELL 25 TOWN CENTER BLVD IN THIS SPACE SUITE C CLERMONT, FL 34714 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) \$5,00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTO TITLE NAME CALDWELL, PAUL M 11736 OSPREY POINTE BLVD. STREET ADDRESS 1/000000391314 CITY-ST-ZIP CLERMONT, FL 34711 TITLE MAME STREET ADDRESS City-St-ZIP TOTALE 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 supplier to the 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAAT STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

FILED