


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90370 044 ***150.00

DOCUMENT # P98000080146 1. Entity Name CALOOSA (FLORIDA) INC.	
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Principal Place of Business C/O JANE E. LAMBERSON 8955 FONTANA DEL SOL WAY NAPLES, FL 34019 US	Mailing Address C/O JANE E. LAMBERSON 8955 FONTANA DEL SOL WAY NAPLES, FL 34019 US
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0871471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERSON, JANE
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS SPINDLER, GUNTHER AMTSSTRASSE 49 1210 WIEN, AUSTRIA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST SPINDLER, INGE AMTSSTRASSE 49 1210 WIEN, AUSTRIA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Jane E. Lamberson DIRECTOR 4/25/06 (239) 262-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JANE E. LAMBERSON