

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 13, 2006
Secretary of State**

DOCUMENT# F05047

Entity Name: CALPAC INC.

Current Principal Place of Business:

700 BENJAMIN FRANKLIN DRIVE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

700 BENJAMIN FRANKLIN DRIVE
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 59-1441257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHOUTEN, DIANE
700 BENJAMIN FRANKLIN DRIVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: HASSELL, ROBERT
Address: 700 BENJAMIN FRANKLIN DRIVE
City-St-Zip: SARASOTA, FL 34236 US

Title: SD () Delete
Name: HASSELL, FLORENCE
Address: 700 BENJAMIN FRANKLIN DRIVE
City-St-Zip: SARASOTA, FL 34236 US

Title: VPD () Delete
Name: BROWN, CHRIS L
Address: 700 BENJAMIN FRANKLIN DR
City-St-Zip: SARASOTA, FL 34236

Title: VPD () Delete
Name: SCHOUTEN, DIANE
Address: 700 BEN FRANKLIN DRIVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SCHOUTEN

VPD

02/13/2006

Electronic Signature of Signing Officer or Director

_____ Date