

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 342007

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: CALISOTA VENTURES, INC.

## Current Principal Place of Business:

5010 N. COOLIDGE AVE  
TAMPA, FL 33614 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX NO. 15477  
TAMPA, FL 336845477 US

## New Mailing Address:

3837 NORTHDAL BLVD.  
#180  
TAMPA, FL 33624 US

FEI Number: 59-1560107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINES, JAMES P  
5010 N. COOLIDGE AVE  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

HINES, JAMES P  
315 SOUTH HYDE PARK AVE.  
TAMPA, FL 33606 US

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: JAMES HINES

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EMERSON, GLENN  
Address: 5010 N. COOLIDGE AVE  
City-St-Zip: TAMPA, FL 33614 US

Title: VDT ( ) Delete  
Name: EMERSON, JOHN  
Address: 5010 N. COOLIDGE AVE  
City-St-Zip: TAMPA, FL 33614 US

Title: VD ( ) Delete  
Name: PRATT, ERIC  
Address: 5010 N. COOLIDGE AVE  
City-St-Zip: TAMPA, FL 33614 US

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN EMERSON

MGR

01/09/2008

Electronic Signature of Signing Officer or Director

Date