


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000004470  
 1. Entity Name  
 CAVALRY ENTERPRISES (TEXAS), INC.



Principal Place of Business 11811 NORTH FREEWAY SUITE 300 HOUSTON, TX 77060 US	Mailing Address 11811 NORTH FREEWAY SUITE 300 HOUSTON, TX 77060 US
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03302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0313712	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRUTCHFIELD, DANA  
 101 EAST KENNEDY BLVD., SUITE 2000  
 TAMPA, FL 33602

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PD RUSCA, FAUSTO VIA MAGGIO 1 CH-6900 LUGANO, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TOMBARI, MICHAEL G 11811 NORTH FREEWAY SUITE 300 HOUSTON, TX 77060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HATFIELD, KENNETH L 11811 NORTH FREEWAY SUITE 300 HOUSTON, TX 77060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000316331  
 04/19/05-80097-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael G. Tombari MICHAEL G. TOMBARI 4/19/05 281 840 0777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #