

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004160

Entity Name: CACEE ENTERPRISES INC.

FILED  
Mar 22, 2006  
Secretary of State

## Current Principal Place of Business:

4755 EDMUND HIWAY  
W. COLUMBIA, SC 29170

## New Principal Place of Business:

1928 BLUFF OAK ST  
APOPKA, FL 32712

## Current Mailing Address:

4755 EDMUND HIWAY  
W. COLUMBIA, SC 29170

## New Mailing Address:

1928 BLUFF OAK ST  
APOPKA, FL 32712

FEI Number: 43-1991035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAWTHORNE, ANNA  
1928 BLUFF AOK ST  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

HAWTHORNE, ANNA  
1928 BLUFF OAK ST  
APOPKA, FL 32712 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:

03/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KREWSON, CHARLES M  
Address: 109 POWDER HORN DR  
City-St-Zip: GASTON, SC 29053

Title: VP ( ) Delete  
Name: KREWSON, WILMA A  
Address: 109 POWDER HORN DR  
City-St-Zip: GASTON, SC 29053

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KREWSON, CHARLES M  
Address: 109 POWDER HORN DR  
City-St-Zip: GASTON, SC 29053

Title: VPD (X) Change ( ) Addition  
Name: KREWSON, WILMA A  
Address: 109 POWDER HORN DR  
City-St-Zip: GASTON, SC 29053

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: CHARLES M. KREWSON

PD

03/22/2006

Electronic Signature of Signing Officer or Director

Date