2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0600000012

ROZYCKI, CHRIS

8135 MAR DEL PLATA STREET EAST

JACKSONVILLE, FL 32256

Name:

Address:

City-St-Zip:

FILED Jun 12, 2007 Secretary of State

Entity Nan	ne: CALIBF	RE PARTNERS, INC.						
Current Principal Place of Business:			Ne	New Principal Place of Business:				
	DEL PLATA VILLE, FL 3	STREET EAST 2256						
Current Mailing Address:			Ne	New Mailing Address:				
	DEL PLATA VILLE, FL 3	STREET EAST 2256						
FEI Number:	55-0906158	FEI Number Applied For ()	FEI Numbe	r Not Appli	cable ()	Certificate of Status	s Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
WILCOX, F 6817 SOUT JACKSON	ROBERT D THPOINT PA VILLE, FL 3	ARKWAY, SUITE 1302 2216 US						
The above in the State		y submits this statement for the	purpose of ch	nanging it	s registered o	office or registered	agent, or both,	
SIGNATUR	RE:							
	Electr	onic Signature of Registered A	gent			Date		
		193(2)(b), F.S., the corporation did in ing Trust Fund Contribution ().	not receive the p	orior notice	.			
OFFICERS	AND DIRE	CTORS:	ΑI	DITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROZYCKI, S 8135 MAR D	() Delete TANLEY EL PLATA STREET EAST .LE, FL 32256	Add	e: me: dress: y-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HELMS, MAF	FREET, APARTMENT 2	Ade	e: me: dress: y-St-Zip:	ROZYCKI, CH	L PLATA STREET EAS	т	
Title: Name: Address: City-St-Zip:	DST CAPPEL, JA 24346 S. DU CHANNAHON	PAGE DRIVE	Ade	e: me: dress: y-St-Zip:	DP (X STROHSAHL, 1401 RIVERPI JACKSONVILL	ACE BLVD,		
Title:	ΠP	(X) Delete	Titl	۵.	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER ROZYCKI DP 06/12/2007