2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004082

Address:

City-St-Zip:

112 SPENCER AVENUE

SAUSALITO, CA 94965

Entity Name: CALIAME CORPORATION

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11400 GRATON ROAD SEBASTOPOL, CA 95472 US **Current Mailing Address: New Mailing Address:** 11400 GRATON ROAD SEBASTOPOL, CA 95472 US FEI Number: 94-2808115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEE, BOB SEDIA, RON 15960 NW 15TH AVE 15960 NW 15TH AVE. MIAMI, FL 33169 MIAMI, FL 33169 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: RON SEDIA 04/28/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: () Change () Addition Name: TORRES, MARIMAR Name: 639 SAUSALITO BOULEVARD Address: Address: City-St-Zip: SAUSALITO, CA 94965 City-St-Zip: () Delete Title: Title: () Change () Addition Name: TORRES, MARIMAR Name: 639 SAUSALITO BOULEVARD Address: Address: SAUSALITO, CA 94965 City-St-Zip: City-St-Zip: Title: Title: VC () Delete () Change () Addition CAMBRON, WILLIAM Name: Name: 69 MONTE MAR DRIVE Address: Address: City-St-Zip: SAUSALITO, CA 94965 City-St-Zip: Title: () Delete Title: () Change () Addition MASSEY, RICHARD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: MARIMAR TORRES PRES 04/28/2005