


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005049 1. Entity Name DAVE'S CAVE LTD., INC.	
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Principal Place of Business SIGMA BLDG. SMITH RD, P.O. BOX 1549 GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, B.W.I.,	Mailing Address SIGMA BLDG. SMITH RD, P.O. BOX 1549 GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, B.W.I.,
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01302005 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0214954	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD., SUITE 1600 MIAMI, FL 33131
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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.

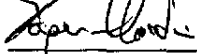
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORBIN, ROGER A SIMMONS WAY, GEORGETOWN GRAND CAYMAN, B.W.I.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORBIN, M. ROSALEEN SIMMONS WAY, GEORGETOWN GRAND CAYMAN, B.W.I.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REID, ANDREW UGLAND HOUSE S CHR. ST GEO. TOWN GRAND CAYMAN, B.W.I.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  ROGER A. CORBIN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Feb 4th 2005-345-949-0111 <small>Daytime Phone #</small>
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