2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005049

1. Entity Name
DAVE'S CAVE LTD., INC.

Principal Place of Business	Mailing Address
SIGMA BLDG. SMITH RD, P.O. BOX 1549 GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, B.W.I.,	SIGMA BLDG. SMITH RD, P.O. BOX 1549 GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS, B.W.I.,

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04022006 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0214954

Applied For
Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORBIN, ROGER A
STREET ADDRESS	SIMMONS WAY, GEORGETOWN
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.,
TITLE	D
NAME	CORBIN, M. ROSALEEN
STREET ADDRESS	SIMMONS WAY, GEORGETOWN
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.,
TITLE	S
NAME	REID, ANDREW
STREET ADDRESS	UGLAND HOUSE S CHR. ST GEO.TOWN
CITY-ST-ZIP	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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05/02/06-80003-003 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 APR 9 2006 345-749-940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #