


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 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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04082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0214954	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD., SUITE 1600 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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


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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04/20/07-80019-017 158.75

**DO NOT WRITE
IN THIS SPACE**

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 8 2007

Date

345-749-9406

Daytime Phone #