2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # H06492 1. Entity Name RICHARD E. CAVANAH, INC. Principal Place of Business Mailing Address % RICHARD E. CAVANAH % RICHARD E. CAVANAH 951 U.S. HIGHWAY ONE 951 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408-1631 NORTH PALM BEACH, FL 33408-1631 01212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2430638 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAVANAH, RICHARD E. DO NOT WRITE 951 U.S. HIGHWAY ONE NORTH PALM BEACH COUNTRY CLUB IN THIS SPACE NORTH PALM BEACH, FL 33408 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 Fiorida. 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CAVANAH, RICHARD E. NAME 100 FATHOM ROAD STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 U00000600024 TITLE 01/25/07-80050-024 150:00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: 2

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RD CAVANAU

1-20-07

(561) 691-3427

FILED

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