

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90243 031 \*\*\*150.00

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02132007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # J02273</b>			
1. Entity Name CALYPSO ENTERPRISES & HOLDINGS, INC.			
Principal Place of Business 4813 TARPON CT CAPE CORAL #5 CAPE CORAL, FL 33904-9410		Mailing Address 7855 CAMERON CIR FORT MYERS, FL 33912 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>Calypso Enterpr Holding Inc</b> <b>K Timmermann Pres/Director</b> <b>7855 Cameron Circ</b> <b>Fort Myers 33912 768-1358</b>		Suite, Apt. #, etc. <b>Calypso Enterpr Holding Inc</b> <b>K Timmermann Pres/Director</b> <b>7855 Cameron Circ</b> <b>Fort Myers 33912 768-1358</b>	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-2327830		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  TIMMERMANN, KLAUS 7855 CAMERON CIRCLE FORT MYERS, FL 33912		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  <b>Mar 07</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMERMANN, KLAUS 7855 CAMERON CIR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Klaus Timmermann</b>		Date: <b>Mar 07</b> Daytime Phone #: <b>239-7681358</b>	