2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 08:00 AN **DOCUMENT # M86390 Secretary of State** 1. Entity Name CASA CASA, INC. Principal Place of Business Mailing Address 2150 IBIS ISLE RD PO BOX 3269 PALM BEACH, FL 33480 PALM BEACH, FL 33480 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2904812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LARSEN, LYNNE DO NOT WRITE 2150 IBIS ISLE RD **APT 14** IN THIS SPACE PALM BEACH, FL 33480 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 egent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME LARSEN, LYNNE 2150 IBIS ISLE RD APT 14 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 UPDD00301691 TITLE 147; 3795-80040-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP 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 TITLE NAME

12. I hereby certify that the information supplied with this filling 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 any other sike a prowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR