2008 FOR PROFIT CORPORATION

FILED Mar 24, 2008 08:00 A ANNUAL REPORT **Secretary of State DOCUMENT # P00000054482** CALÁDESI CAPITAL, INCORPORATED Principal Place of Business Mailing Address 11311 LITTLE RD. 11311 LITTLE RD. **NEW PORT RICHEY, FL 34654** NEW PORT RICHEY, FL 34654 CR2E034 (11/05) 03102008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3649501 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VON BARGEN, HEATHER DO NOT WRITE 11311 LITTLE RD. NEW PORT RICHEY, FL 34654 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. U000000867105 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE VON BARGEN, HEATHER NAME STREET ADDRESS 11311 LITTLE RD. NEW PORT RICHEY, FL 34654 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS