


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000004716		
1. Entity Name CALOOSA MOBILE HOME SETUPS, INC.		

FILED

06 SEP 21 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 600 COWBOY WAY EAST LABELLE, FL 33935	Mailing Address 1289 IVAN BLVD LABELLE, FL 33935
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2. Principal Place of Business 1299 Ivan Blvd.	3. Mailing Address 1299 Ivan Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08082006 Chg-P CR2E034 (11/05)

City & State LaBelle, FL	City & State LaBelle, FL
Zip 33935	Zip 33935
Country USA	Country USA

4. FEI Number 04-3645070	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARCOTTE, BETTY J 1289 IVAN BLVD LABELLE, FL 33935	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCOTTE, STEVEN 1289 IVAN BLVD LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080095213 09/22/06--01055--010 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLHILL, FRANK S 497 CALOOSA ESTATES DR LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCOTTE, WILLIAM A 1289 IVAN BLVD LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCOTTE, BETTY J 1289 IVAN BLVD LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marcotte, Jonathan 1289 Ivan Blvd. LaBelle, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Betty J. Marcotte Betty J. Marcotte Treas. 8-8-06 863-675-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PC 9/22