

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90038 010 \*\*\*150.00

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03162007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P02000061396</b>					
1. Entity Name <b>CALISTOGA SYSTEMS, INC.</b>					
Principal Place of Business <b>1613 CHINABERRY WAY NAPLES, FL 34105</b>			Mailing Address <b>1613 CHINABERRY WAY NAPLES, FL 34105</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>41-2046941</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BATES, MARK C 1613 CHINABERRY WAY NAPLES, FL 34105</b>			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 changing.)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>PSTD BATES, MARK C 1613 CHINABERRY WAY BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<b>PSTD BATES, MARK C. 1613 Chinaberry Way Naples, FL 34105</b>	<input checked="" 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
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
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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>MARK C. BATES</b> <i>Mark C Bates</i>			Date: <b>3/14/07</b> 239 593-3499 Daytime Phone #		