


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 032 ***150.00

DOCUMENT # P03000027637	
1. Entity Name CALLI MOON, INC.	

Principal Place of Business 141 VENETIAN DRIVE #4 DELRAY BEACH, FL 33483	Mailing Address 141 VENETIAN DRIVE #4 DELRAY BEACH, FL 33483
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2. Principal Place of Business 11 FAYETTE DRIVE Suite, Apt. #, etc.	3. Mailing Address 11 FAYETTE DRIVE Suite, Apt. #, etc.
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City & State OCEAN RIDGE, FL.	City & State OCEAN RIDGE, FL.
Zip 33435	Country USA
Zip 33435	Country USA

6. Name and Address of Current Registered Agent HIRSCH AND COMPANY CPAS, INC. 175 W. CAMINO REAL BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: Regina Coppes DATE: 4-20-2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 DANOWITZ COPPERS, REGINA M 141 VENETIAN DRIVE #4 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Regina Coppes DATE: 4-20-06 DAYTIME PHONE #: 561-702-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR