2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 16, 2008 08:00 AN Secretary of State **DOCUMENT # P03000066267** 1. Entity Name CALEO, INC. Mailing Address Principal Place of Business 521 NW 98TH AVE 521 NW 98TH AVE PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 No Cha-P CR2E034 (11/05) 01122008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0046367 \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURNER, CAROLYN J DO NOT WRITE **521 NW 98TH AVE** PEMBROKE PINES, FL 33024 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. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 10. TITLE NAME TURNER, CAROLYN J STREET ADDRESS **521 NW 98TH AVE** PEMBROKE PINES, FL 33024 CITY-ST-ZIP 01/17/08-80022-021-150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CLTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attachprent/with an address, with all Other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR