


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90061 014 ***150.00

DOCUMENT # P03000095635 1. Entity Name CAPRI CAPITAL CORPORATION	
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Principal Place of Business 1351 N COURTENAY PARKWAY STE BB MERRITT ISLAND, FL 32953	Mailing Address 1351 N COURTENAY PARKWAY STE BB MERRITT ISLAND, FL 32953
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DO NOT WRITE IN THIS SPACE

02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2128323	Applied For 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 MOSLEY, CURTIS R 1221 E NEW HAVEN AVE MELBOURNE, FL 32901

**DO NOT WRITE
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.

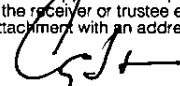
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HESSEE, CRAIG S 1351 N COURTENAY PARKWAY STE BB MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HESSEE, MARY ANN 2155 ROYAL OAKS DR. ROCKLEDGE, FL 32955
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2/27/06 3219866050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #