


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90029 015 \*\*\*550.00

<b>DOCUMENT # P03000151557</b>		
1. Entity Name <b>CALI-FLORIDA INVESTMENTS, INC.</b>		

Principal Place of Business <b>128 36TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US</b>	Mailing Address <b>128 36TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US</b>
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2. Principal Place of Business <b>3869 GRANDE BV</b> Suite, Apt. #, etc.	3. Mailing Address <b>3869 GRANDE BV</b> Suite, Apt. #, etc.
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City & State <b>JACKSONVILLE BEACH, FL</b>	City & State <b>JACKSONVILLE BCH, FL</b>
Zip <b>32250</b>	Zip <b>32250</b>
Country <b>USA</b>	Country <b>USA</b>

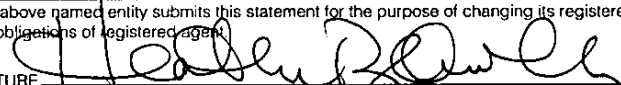


05142005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0491371</b>	Applied For <input type="checkbox"/> 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 <b>PATTERSON, LAWRENCE R 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250</b>	7. Name and Address of New Registered Agent Name <b>HEATHER B. QUICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3869 GRANDE BV</b> City <b>JACKSONVILLE BCH, FL</b> Zip Code <b>32250</b>
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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.

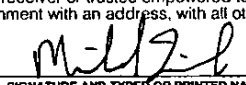
SIGNATURE  DATE **5/14/05**

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P QUICK, MICHAEL B 128 36TH AVE. SOUTH JACKSONVILLE BEACH, FL 32250</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3869 GRANDE BLVD JACKSONVILLE BCH, FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROSEBROOK, FREEMAN 2008 MARCONI WAY SOUTH LAKE TAHOE, CA 90650</b> <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	<b>S QUICK, HEATHER B 3500 SOUTH 3RD STREET JACKSONVILLE BEACH, FL 32250</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3869 GRANDE BV JACKSONVILLE BCH, FL 32250</b>
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
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 exemption stated in Section 119.07(3)(i), 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:  DATE **5/14/05** 704-881-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR