

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034633

FILED  
Jul 29, 2005  
Secretary of State

Entity Name: THE CALIFORNIA EXPERIENCE INCORPORATED

## Current Principal Place of Business:

533 S. HOWARD AVE., #861  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

533 S. HOWARD AVE., #861  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 20-0774923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARREJA, MINDY L  
220 S. FRANKLIN STREET  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

SIMONETTI, SHIERRI  
533 S. HOWARD AVE., #861  
TAMPA, FL 33606 US

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.

SIGNATURE: SHIERRI SIMONETTI

07/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: SIMONETTI, SHIERRI  
Address: 533 S. HOWARD AVE., #861  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIERRI SIMONETTI

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07/29/2005

Electronic Signature of Signing Officer or Director

Date