2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P04000104102

Entity Name: CALICOL PREMIUM SERVICE, INC.

Current Principal Place of Business:

610 CALIBRE CREST PKWY
101
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

327 STREAMVIEW WAY
WINTER SPRINGS, FL 32708

Current Mailing Address:

610 CALIBRE CREST PKWY
101
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

327 STREAMVIEW WAY
WINTER SPRINGS, FL 32708

FEI Number: 65-1231851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARBELAEZ, ALAIN
610 CALIBRE CREST PKWY
101
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ARBELAEZ, ALAIN
327 STREAMVIEW WAY
WINTER SPRINGS, FL 32708 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: RA 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARBELAEZ, ALAIN
Address: 610 CALIBRE CREST PKWY #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete
Name: OBONAGA, ALEYDA
Address: 610 CALIBRE CREST PKWY #101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARBELAEZ, ALAIN
Address: 327 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change ( ) Addition
Name: OBONAGA, ALEYDA
Address: 327 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RA P 04/26/2006
Electronic Signature of Signing Officer or Director Date