


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90005 023 \*\*\*150.00

<b>DOCUMENT # P04000127687</b>	
1. Entity Name <b>C.A.Y.C. INC.</b>	

Principal Place of Business <b>5432 LOS PALMA VISTA DRIVE ORLANDO, FL 32837</b>	Mailing Address <b>5432 LOS PALMA VISTA DRIVE ORLANDO, FL 32837</b>
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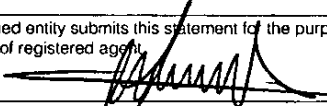
2. Principal Place of Business <b>4950 CASA VISTA DR.</b>	3. Mailing Address <b>4950 CASA VISTA DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO, FLORIDA</b>	City & State <b>ORLANDO, FLORIDA</b>
Zip <b>32837</b>	Country <b>USA</b>
Zip <b>32837</b>	Country <b>USA</b>



07182006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>CAN, CUNEY 5432 LOS PALMA VISTA DRIVE ORLANDO, FL 32837</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 <b>7/18/06</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>4950 CASA VISTA DRIVE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAN, CUNEY</b>		NAME <b>ORLANDO, FLORIDA, 32837</b>	
STREET ADDRESS <b>5432 LOS PALMA VISTA DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO, FL 32837</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: 	DATE <b>7/18/06</b>	DAYTIME PHONE # <b>407-438-0000</b>
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