

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000158401

FILED
Oct 26, 2006
Secretary of State**Entity Name:** EURO CAPRI, INC.**Current Principal Place of Business:**4300 WEST CYPRESS STREET
SUITE 1075
TAMPA, FL 33607 US**New Principal Place of Business:****Current Mailing Address:**4300 WEST CYPRESS STREET
SUITE 1075
TAMPA, FL 33607 US**New Mailing Address:****FEI Number:** 20-1957477 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**AMEURCO MANAGEMENT, INC.
4300 WEST CYPRESS STREET
SUITE 1075
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BESSEM, HERMAN
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: EVP () Delete
Name: SPIKER, MICHAEL E
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: T () Delete
Name: SPIKER, MICHAEL E
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: S () Delete
Name: BRUGGINK, HANS
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: D () Delete
Name: BESSEM, HERMAN
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: VAN DER EEMS, DIRK
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL E SPIKER

EVP

10/26/2006

Electronic Signature of Signing Officer or Director

Date