

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029174

Entity Name: CAPUTO HOLDINGS INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

12555 ORANGE DRIVE
SUITE 109
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

12555 ORANGE DRIVE
SUITE 109
DAVIE, FL 33330 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPUTO, SHARI
12555 ORANGE DRIVE
SUITE 109
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

CAPUTO, SHARI B PRES
12555 ORANGE DRIVE
SUITE 109
DAVIE, FL 33330 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: SHARI BETH CAPUTO

01/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAPUTO, SHARI
Address: 12555 ORANGE DRIVE, SUITE 109
City-St-Zip: DAVIE, FL 33330 US

Title: VP () Delete
Name: CAPUTO, JONATHAN
Address: 12555 ORANGE DRIVE, SUITE 109
City-St-Zip: DAVIE, FL 33330 US

Title: S () Delete
Name: CAPUTO, JONATHAN
Address: 12555 ORANGE DRIVE, SUITE 109
City-St-Zip: DAVIE, FL 33330 US

Title: T () Delete
Name: CAPUTO, JONATHAN
Address: 12555 ORANGE DRIVE, SUITE 109
City-St-Zip: DAVIE, FL 33330 US

Title: DIR () Delete
Name: CAPUTO, SHARI
Address: 12555 ORANGE DRIVE, SUITE 109
City-St-Zip: DAVIE, FL 33330 US

Title: DIR () Delete
Name: CAPUTO, JONATHAN
Address: 12555 ORANGE DRIVE, SUITE 109
City-St-Zip: DAVIE, FL 33330 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: SHARI BETH CAPUTO

PRES

01/11/2006

Electronic Signature of Signing Officer or Director

Date