

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056748

Entity Name: CALIPSO, INC.

FILED
Feb 09, 2008
Secretary of State

Current Principal Place of Business:

3326 LAKESHORE BLVD
SUITE 2
JACKSONVILLE, FL 32210

New Principal Place of Business:

3326 LAKESHORE BLVD
JACKSONVILLE, FL 32210

Current Mailing Address:

3326 LAKESHORE BLVD
SUITE 2
JACKSONVILLE, FL 32210

New Mailing Address:

P.O. BOX 441646
JACKSONVILLE, FL 32222

FEI Number: 73-1734810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAGOURIS, TOULA
7331 CORAL SEA RD
JACKSONVILLE, FL 32244 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAGOURIS, CHRIS
Address: 7331 CORAL SEA RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: CHAGOURIS, TOULA
Address: 7331 CORAL SEA RD
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: TOULA CHAGOURIS

OWNE

02/09/2008

Electronic Signature of Signing Officer or Director

Date