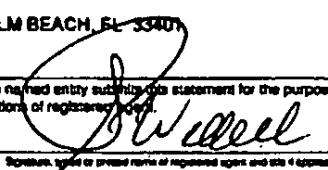
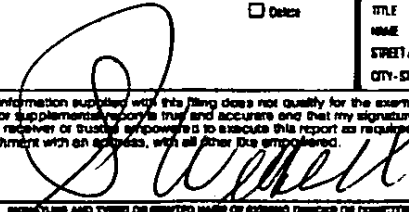


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

06-12-2006 90003 018 ***150.00

DOCUMENT # P05000102904			
1. Entity Name THE CADDO CORPORATION			
Principal Place of Business 1639 EMBASSY DR 102 WEST PALM BEACH, FL 33401 US		Mailing Address 1639 EMBASSY DR 102 WEST PALM BEACH, FL 33401 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEJ Number 203185526		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEDELL, GREGORY P 1639 EMBASSY DR 102 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 5/1/06	
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PYD WEDELL, GREGORY P 1639 EMBASSY DR APT 102 WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 reports 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 fee empowers.			
SIGNATURE: 		DATE 7/10/06	
SIGNATURE AND TYPED OR PRINTED NAME OF CORP. OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

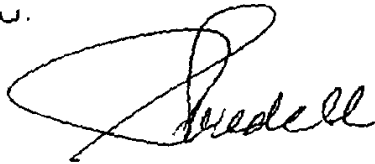
ATTACHMENT 6/602/685
~~#P05000102907~~

TO WHOM IT MAY CONCERN -

I'm Sorry This is Late But
I WAS IN THE HOSPITAL AND FORGOT
TO MAIL THIS. PLEASE DO NOT
CHARGE ME THE PENALTY. I
CAN NOT AFFORD IT.

I HAVE NO INSURANCE
AND MY DOCTOR + HOSPITAL BILLS
ARE OUTRAGEOUS.

Thank You for Your Kind
CONSIDERATION.



Sorry for the messy application. My Bird chewed on it