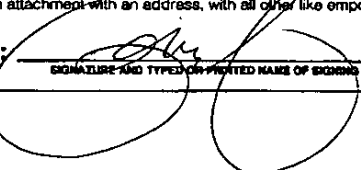


FILED
Apr 18, 2005 8:00 am
Secretary of State

03-10-2005 90137 046 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P33580 1. Entity Name CAVALLINO, INC.			
Principal Place of Business P.O. BOX 810819 BOCA RATON, FL 33481		Mailing Address P.O. BOX 810819 BOCA RATON, FL 33481	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BARNES, JOHN W., JR. 5030 CHAMPION BLVD. SUITE 6302 BOCA RATON, FL 33496		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
PT BARNES, JOHN W., JR. 5030 CHAMPION BL, #6302 BOCA RATON, FL 33496			
CD BARNES, JOHN W., JR. 5030 CHAMPION BL, #6302 BOCA RATON, FL 33496			
VSD BARNES, ALICIA 5030 CHAMPION BL, #6302 BOCA RATON, FL 33496			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: 		Date 4-12-05 Daytime Phone # 561-994-1345	