

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085086

Entity Name: CAPE HOLDINGS INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 28134
PANAMA CITY, FL 324118134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 28134
PANAMA CITY, FL 324118134 US

New Mailing Address:

FEI Number: 59-3214754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMOTHY, CRUTCHFIELD H
1401 BRICKELL AVE
STE 1000
MIAMI, FL 33131 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: DPT () Delete
Name: SHARP, WILLIAM L
Address: 401 N. MICHIGAN AVE. #1900
City-St-Zip: CHICAGO, IL 60611

Title: VS () Delete
Name: SHARP, SARAH HELENE
Address: 25 SOUTHEAST SECOND AVENUE, SUITE 1020
City-St-Zip: MIAMI, FL 33131 US

Title: VS () Delete
Name: SHARP, SHERYL
Address: 400 SOUTH GREEN ST
City-St-Zip: CHICAGO, IL 60607

Title: V () Delete
Name: SHARP, JONATHAN DOUGL
Address: 1107 SIXTEENTH STREET
City-St-Zip: SANTA MONICA, CA 90403

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM L. SHARP

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04/27/2005

Electronic Signature of Signing Officer or Director

Date