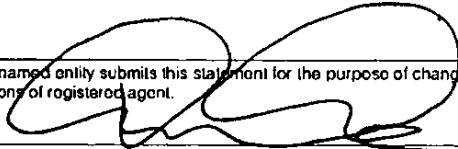
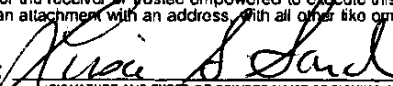


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-17-2007 90033 003 ***150.00

DOCUMENT # P94000051018					
1. Entity Name CALISA OF DUNEDIN, INC.					
Principal Place of Business 1120 OVERCASH DRIVE DUNEDIN FL 34698			Mailing Address 1120 OVERCASH DRIVE DUNEDIN FL 34698		
2. Principal Place of Business - No P.O. Box # 1871 County Rd 753 South			3. Mailing Address 1871 COUNTY RD 753 South		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Webster, FL		City & State Webster, FL		4. FEI Number 59-3262469	
Zip 33597		Country USA		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent SANDERS, COLEMAN C 1871 COUNTY RD 753 SOUTH WEBSTER FL 33597				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					
(NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	SANDERS, COLEMAN C III				
STREET ADDRESS	1871 COUNTY RD 753 SOUTH				
CITY-STATE-ZIP	WEBSTER FL 33597				
TITLE	ST	☐ Delete			
NAME	SANDERS, LISA S				
STREET ADDRESS	1871 COUNTY RD 753 SOUTH				
CITY-STATE-ZIP	WEBSTER FL 33597				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  6/1/07 352-243-6077					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					