## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000026528

FILED Jul 05, 2006 Secretary of State

Entity Name: 1405 CAPE CORAL, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	PRADO BLVD RAL, FL 33990					
Current Mailing Address:			New Maili	New Mailing Address:		
	PRADO BLVD RAL, FL 33990					
FEI Number:	65-0602454	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
PARKER, MARDIS W 2323 DEL PRADO BLVD CAPE, FL 33990 US			2323 DEĹ F SUITE # 9	PARKER, MARDIS W 2323 DEL PRADO BLVD SUITE # 9 CAPE, FL 33990 US		
The above in the State		submits this statement for the pu	ırpose of changing it	s registered	office or registered agent, or both,	
SIGNATUR	E: MARDIS	W. PARKER, SR.		07/05/2006		
	Electror	nic Signature of Registered Ager	nt	Date		
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notice	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HICKMAN, HAR	ESS STREET, SUITE 202	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( ) PARKER, MAR 2323 DEL PRA CAPE CORAL,	DO BLVD	Title: Name: Address: City-St-Zip:	PARKER, MAR	ADO BLVD #9	
Title: Name: Address: City-St-Zip:	LANCASTER, V	ESS STREET, SUITE 202	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name:	D ( ) HICKMAN, JIMI	) Delete MY	Title: Name:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MARDIS W. PARKER, SR PD 07/05/2006

2401 W. CYPRESS STREET, SUITE 201

TAMPA, FL 39607

Address:

City-St-Zip: