

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000047224						
<small>1. Entity Name</small> CALDWELL MUSTIQUE CORPORATION						
<small>Principal Place of Business</small> 10859 EMERALDCOAST PARKWAY #4-409 DESTIN, FL 32541	<small>Mailing Address</small> 10859 EMERALD COAST PKWY #4-409 DESTIN, FL 32541	 04152004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 58-3382694</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 58-3382694	<small>Applied For</small> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>4. FEI Number</small> 58-3382694	<small>Applied For</small> Not Applicable					
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
<small>6. Name and Address of Current Registered Agent</small> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE				
<small>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.</small>						
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
<small>TITLE</small>	P	<div>U00000129534</div> <div>04/26/04-80082-013 150.00</div> DO NOT WRITE IN THIS SPACE				
<small>NAME</small>	CALDWELL, LYNN A					
<small>STREET ADDRESS</small>	10859 EMERALD COAST PKWY, #4-409					
<small>CITY - ST - ZIP</small>	DESTIN, FL 32541					
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
<small>CITY - ST - ZIP</small>						
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
<small>CITY - ST - ZIP</small>						
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
<small>CITY - ST - ZIP</small>						
<small>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.</small>						
<div>SIGNATURE: <u>LYNN A. CALDWELL, Pres.</u> <u>4/26/04</u> <u>850-267-4459</u></div> <div style="text-align: center; font-size: small;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small></div>						