2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# P96000067686

Entity Name: CAPPUCCINO TIME, INC.

Current Principal Place of Business:

849 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

995 W. KENNEDY BLVD
SUITE 45
ORLANDO, FL 32810 US

Current Mailing Address:

849 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

995 W. KENNEDY BLVD
SUITE 45
ORLANDO, FL 32810 US

FEI Number: 59-3395874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLINKOFF, DEBRA
1145 BRANTLEY ESTATES DRIVE
ALTAMONTE SPRINGS, FL 32714 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: D ( ) Delete
Name: BELLINKOFF, IRWIN
Address: 1145 BRANTLEY ESTATES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: BELLINKOFF, DEBRA
Address: 1145 BRANTLEY ESTATES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BELLINKOFF, IRWIN
Address: 1145 BRANTLEY ESTATES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PRES (X) Change ( ) Addition
Name: BELLINKOFF, DEBRA
Address: 1145 BRANTLEY ESTATES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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.

SIGNATURE: DEBRA BELLINKOFF PRES 04/18/2006

Electronic Signature of Signing Officer or Director Date