
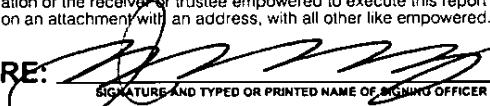


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90033 027 ***150.00

DOCUMENT # P96000071012 1. Entity Name CAPRILARGO INC.																																															
Principal Place of Business 3360 EAST BAY DRIVE LARGO, FL 36461			Mailing Address 101 E. KENNEDY BLVD. 2700 BARNETT PLAZA TAMPA, FL 33602																																												
2. Principal Place of Business 101 E. Kennedy Blvd.		3. Mailing Address Attn: Richard H. Sollner, Esq.																																													
Suite, Apt. #, etc. Suite 2700		Suite, Apt. #, etc. P.O. Box 1102																																													
City & State Tampa, Florida		City & State Tampa, Florida																																													
Zip 33602		Country		4. FEI Number 59-3438082																																											
Zip 33602		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent SOLLNER, RICHARD H 2700 BARNETT PLAZA 101 E. KENNEDY BLVD. TAMPA, FL 33602			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> PSTD KING, JOEL 66 FORDEN CRESCENT WESTMOUNT, QUEBEC, CN h3y 2y4 </td> <td style="width: 10%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KING, JOEL 66 FORDEN CRESCENT WESTMOUNT, QUEBEC, CN h3y 2y4	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  JOEL KING President Feb 6, 2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																															