


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90025 007 \*\*\*150.00

<b>DOCUMENT # P96000095294</b>			
1. Entity Name <b>CAITHNESS FLORIDA, INC.</b>			
Principal Place of Business <b>241 BRADLEY PLACE PALM BEACH FL 33480</b>		Mailing Address <b>241 BRADLEY PLACE PALM BEACH FL 33480</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE - CR2E034 (10/05)

4. FEI Number <b>65-0714429</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>MAHONEY, EDWARD J 222 LAKEVIEW AVENUE 1200 WEST PALM BEACH FL 33401</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BISHOP, JAMES D SR.</b> <b>241 BRADLEY PLACE</b> <b>PALM BEACH FL 33480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CONVERY, JOHN F III</b> <b>136 MAIN ST., PRINCETON FORRESTAL VILLAGE</b> <b>PRINCETON NJ 08543</b> <input checked="" type="checkbox"/> Delete <b>XX</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MANUELLI, CHRISTINA M</b> <b>136 MAIN ST., PRINCETON FORRESTAL VILLAGE</b> <b>PRINCETON NJ 08543</b> <input checked="" type="checkbox"/> Delete <b>XX</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James D. Bishop, Jr.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>241 Bradley Place</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Palm Beach, FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bobbi Bishop Gollan</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>241 Bradley Place</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Palm Beach, FL 33480</b>

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: *James D. Bishop, Jr. President* Date: *2-16-06* 561-655-5176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**ATTACHMENT**

40025 193

# P96000095294

**Mahoney & Mahoney, CPAs, PA**

**Certified Public Accountants**

**241 Bradley Place**

**Palm Beach, FL 33480**

Edward J. Mahoney, CPA  
Tina M. Mahoney, CPA

Telephone (561) 835-0068  
Facsimile (561) 835-4135

February 16, 2006

**Via Certified Mail 7003 0500 0002 1602 3610**

Division of Corporations

Annual Report Section

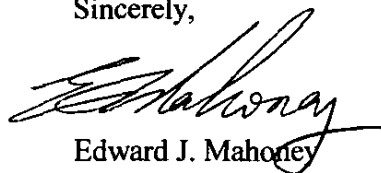
P.O. Box 6850

Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the 2006 For Profit Corporation Annual Report (AR) for Caithness Florida, Inc., 65-0714429, along with payment of the filing fee.

Sincerely,



Edward J. Mahoney

EJM/mh

Enclosures