


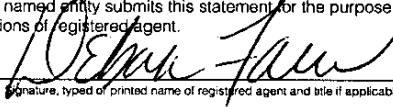
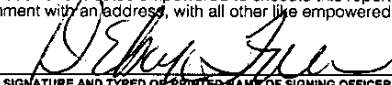


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90005 023 ***150.00

DOCUMENT # P97000003912 1. Entity Name THE CALYX CORPORATION																			
Principal Place of Business 2104 W KYRA DR TAMPA, FL 33612			Mailing Address 2104 W KYRA DR TAMPA, FL 33612																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">4002300</div>  <div style="margin-top: 10px;"> 02172006 Chg-P CR2E034 (11/05) </div>															
City & State		City & State																	
Zip Country		Zip Country																	
4. FEI Number 59-3425516		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 2em; margin-bottom: 10px;">4002300</div>  <div style="margin-top: 10px;"> 02172006 Chg-P CR2E034 (11/05) </div>															
6. Name and Address of Current Registered Agent FARMER, DEBORAH 2104 W KYRA DR TAMPA, FL 33612																			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> P FARMER, DEBORAH 2104 W KYRA DR TAMPA, FL 33612 </td> <td style="padding: 5px;"> ST LILAN B. STARFORD 5211 JOSEPH CLOSE PLANT CITY, FL 33565-3174 </td> </tr> <tr> <td style="padding: 5px;"> VP SCHATZEL, ROGER PAUL 2104 W KYRA DR TAMPA, FL 33612 </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARMER, DEBORAH 2104 W KYRA DR TAMPA, FL 33612	ST LILAN B. STARFORD 5211 JOSEPH CLOSE PLANT CITY, FL 33565-3174	VP SCHATZEL, ROGER PAUL 2104 W KYRA DR TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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SIGNATURE:  2/22/06 813-310-0444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																			