

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-06-2006 90005 029 \*\*\*150.00

20047763



<b>DOCUMENT # P97000084933</b> 1. Entity Name <b>CACHET MODELING &amp; SALES, INC.</b>					
Principal Place of Business <b>2303 W. MCNAB SUITE 9A POMPAÑO BEACH, FL 33069</b>			Mailing Address <b>CACHET M &amp; S, INC. 1201 SOUTH POWERLINE RD., PMB #141 POMPAÑO BEACH, FL 33069</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0785481</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ASHCRAFT, WILLIAM E 2736 NE 19TH STREET FORT LAUDERDALE, FL 33305</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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: _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FOWLER, ALVIN 2303 W. MCNAB, STE 9-A POMPAÑO BEACH, FL 33069</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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>PRESIDENT</b> <b>06-16-06</b> <b>877-409-9444</b> <small>Date Daytime Phone #</small>		

# ATTACHMENT

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**\* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING \***

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

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CACHET MODELING & SALES, INC.  
CACHET M & S, INC.  
1241 SOUTH POWERLINE RD., RMB #141  
POMPANO BEACH FL 33069-4311

OLD ADDRESS

NEW ADDRESS  
1245 S. POWERLINE RD  
#141  
POMPANO BCH, FL.  
33069

