Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90246 027 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000096236 1. Entity Name CAPE CORAL INFORMATION DIENST & CONSULTING, INC.												
Principal Place of Business N				Mailing Address				40000148				
6371-4 PRESIDENTIAL CT FORT MYERS, FL 33919			6	RICCIANI, MALHIS S JENSEN 6321 - 4 PRESIDENTIAL COURT FT MYERS, FL 33919 US								
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01022007	Chg-P	CR	2E034 (12/06)	
City & State				City & State				4. FEI Numb 65-080				pplied For ot Applicable
Zip	Country			Zip	try		5. Certificate of Status Desired Securificate of Status Desired Fee Required					
6. Name and Address of Current Registered Agent								7. Name and	Address of N	ew Register	ed Agent	
JESSEN, ANDREW G						Name						
6321 - 4 PRESIDENTIAL CT FT MYERS, FL 33919				Street Addre			idress (i	s (P.O. Box Number is Not Acceptable)				
						City					Zip Code	е
8. The above the obligati	named entit	y submits this statem- tered agent.	ent for the p	purpose of changing its	register	I ed office or	register	ed agent, or bo	th, in the State		— . I .	and accept
SIGNATURE												
	Signature, typed	or printed name of registered	аделі впо цір	mapplicable. (NOTI	E: Hegistere	d Agent signatui	re requirea	when reinstating;		DA	15	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.								00 May Be ed to Fees				
10.		OFFICERS	AND DIREC	CTORS	11.			ADDITIONS	CHANGES TO	OFFICERS A	AND DIRECTOR	S IN 11
TITLE	PTD	D FOED	☐ Delete	E					Change Change	☐ Addition		
NAME STREET ADDRESS	GUENTE	•			E ADDRESS							
CITY-ST-ZIP	KELTERNA, GERMANY, 75210				-ST-ZIP	KE.	LTER.	N,				
TITLE				☐ Delete	Ε					Change	☐ Addition	
NAME STREET ADDRESS					NAM	_						
CITY-ST-ZIP					CITY	ET ADDRESS -ST-ZIP						
TITLE NAME				☐ Delete	TITLE NAM						☐ Change	Addition
STREET ADORESS						ET ADORESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS					NAM STRE	ET ADORESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLI	E					☐ Change	☐ Addition
NAME					NAM	ı,						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE		 -		☐ Delete	TITLI						☐ Change	☐ Addition
NAME STREET ADDRESS					MAM	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
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 cath; 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: SIGNATURE: SIGNATURE AND THE OF DESIGNATION DESIGNATURE OF THE PROPERTY OF THE PROP												
		MICHATURE AND TYPE	D OR PRINTER	NAME OF SIGNING OFFICER	OR DIRECT	TOR			Data		Daytime Phone #	