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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P99000041434 Feb 09, 2006 08:00 AN 1. Entity Name **Secretary of State** CALUSA PROPERTIES, INC. Principal Place of Business Mailing Address 724 NAUTILUS COURT MARCO ISLAND FL 34145 724 NAUTILUS COURT MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0918551 Not Applicat Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOLLER, GERALD S Street Address (P.O. Box Number is Not Acceptable) 724 NAUTILUS COURT MARCO ISLAND FL 34145 City 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 access the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and like if applicable (NOTE Registered Agent signature required when revistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition STOLLER, GERALD S NAME U00000427210 STREET ADDRESS 724 NAUTILUS COURT STREET ADDRESS 02/20/06-80074-012 150.00 CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addin NAME STOLLER, GERALD S NAME STREET ADDRESS 724 NAUTILUS COURT STREET ADDRESS CITY+ST-ZIP MARCO ISLAND FL 34145 CATY - ST - ZIP TITLE ☐ Detete TITLE ☐ Change Addii; NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Alter MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Milita NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change 🔲 Addiii MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 direction 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 1 of changed, or on an attachment with an address, with all other type empowered.