

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096809

Entity Name: CAVE DESIGN AGENCY, INC.

FILED  
Jan 05, 2006  
Secretary of State

## Current Principal Place of Business:

3500 NW BOCA RATON BLVD.  
STE. 808  
BOCA RATON, FL 33431

## New Principal Place of Business:

## Current Mailing Address:

3500 NW BOCA RATON BLVD.  
STE. 808  
BOCA RATON, FL 33431

## New Mailing Address:

FEI Number: 65-0962825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAVE, MATTHEW P PPAL  
11777 PRESERVATION LANE  
BOCA RATON, FL 33498 US

## Name and Address of New Registered Agent:

CAVE, MATTHEW P PPAL  
6047 TOWN COLONY DRIVE  
APT #1316  
BOCA RATON, FL 33433 US

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.

SIGNATURE:

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CAVE, MATTHEW PPAL  
Address: 11777 PRESERVATION LANE  
City-St-Zip: BOCA RATON, FL 33498

Title: S ( ) Delete  
Name: EDMUNDSON, DAVID  
Address: 6467 BRIDGEWOOD TERRACE  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CAVE, MATTHEW PPAL  
Address: 6047 TOWN COLONY DRIVE, APT #1316  
City-St-Zip: BOCA RATON, FL 33433

Title: S (X) Change ( ) Addition  
Name: EDMUNDSON, DAVID PPAL  
Address: 6467 BRIDGEWOOD TERRACE  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW CAVE

PPAL

01/05/2006

Electronic Signature of Signing Officer or Director

Date