


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S70519</b> 1. Entity Name <b>CADDY CARTS, INC.</b>	
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Principal Place of Business <b>12691 S. TAMIAMI TRAIL NORTH PORT, FL 34287 US</b>	Mailing Address <b>12691 S. TAMIAMI TRAIL NORTH PORT, FL 34287 US</b>
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**DO NOT WRITE IN THIS SPACE**



08232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0277501</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**CUCCHI, RICHARD  
12691 S. TAMIAMI TRAIL  
NORTH PORT, FL 34287**

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CUCCHI, RICHARD
STREET ADDRESS	12691 S. TAMIAMI TRAIL
CITY - ST - ZIP	WARM MINERAL SPRINGS, FL 34287
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	

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  **8-30-07** **941-474-4747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #