
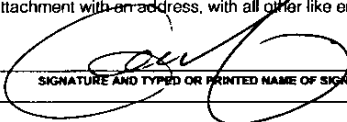


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90015 015 \*\*\*158.75

<b>DOCUMENT # V13059</b> 1. Entity Name <b>CAVALLINO EVENTS, INC.</b>					
Principal Place of Business <b>P.O. BOX 810819</b> <b>BOCA RATON, FL 33481 US</b>			Mailing Address <b>P.O. BOX 810819</b> <b>BOCA RATON, FL 33481 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0311297</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARNES, JOHN W. JR.</b> <b>5030 CHAMPION BLVD</b> <b>SUITE 6302</b> <b>BOCA RATON, FL 33496</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BARNES, JOHN W. JR.</b> <b>6501 PARK OF COMMERCE SUITE 130</b> <b>BOCA RATON, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Barnes, John, Jr.</b> <b>5030 Champion Blvd, Suite 6302</b> <b>Boca Raton, FL 33496</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BARNES, ALICIA</b> <b>6501 PARK OF COMMERCE- SUITE 130</b> <b>BOCA RATON, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Barnes, Alicia</b> <b>5030 Champion Blvd, Suite 6302</b> <b>Boca Raton, FL 33496</b>		
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		
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		
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		
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>  <b>John W. Barnes Jr.</b> <b>2-16-06</b> <b>561-994-1345</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					