2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# J45999

Entity Name: CARVERS MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

P O BOX 644
MILTON, FL 32572 US

New Principal Place of Business:

6075 DOGWOOD DRIVE
MILTON, FL 32570 US

Current Mailing Address:

P O BOX 644
MILTON, FL 32572 US

New Mailing Address:

FEI Number: 59-2764752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARVER, ELLEN S.
5650 MEADOWLARK LANE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARVER, S. ELLEN
Address: 4425 AMBERWOOD CIRCLE
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARVER, S. ELLEN
Address: 5650 MEADOWLARK LANE
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify 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: S. ELLEN CARVER PRES 04/13/2009

Electronic Signature of Signing Officer or Director Date