


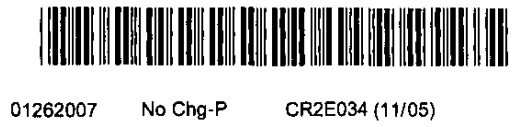
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000036118	
1. Entity Name CARROLLWOOD COLONIAL, INC.	

Principal Place of Business 825 BRICKELL BAY DR #1644 MIAMI, FL 33131	Mailing Address 825 BRICKELL BAY DR #1644 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



4. FEI Number 56-2437917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

MASTRIANA, F. RONALD
1500 N FEDERAL HWY 200
FT LAUDERDALE, FL 33304

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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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

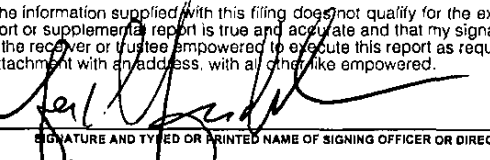
9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDELSON, LAURANS A MR 825 BRICKELL BAY DR #1643 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTRIANA-SOLAL, ALEXANDRA MS 1500 N FEDERAL HWY, #201 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUSSIE, CHERYL A MS 103 FOULK ROAD, SUITE 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000706717
04/24/07-80044-020 150.00

**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:  **Laurans A. Mendelson** 4/12/07 305-374-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #