

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029896

Entity Name: CARNEGIE GARDENS, INC.

FILED
May 11, 2008
Secretary of State

Current Principal Place of Business:

4445 WILLARD AVENUE 12TH FL
CHEVY CHASE, MD 20815

New Principal Place of Business:

Current Mailing Address:

4445 WILLARD AVENUE 12TH FL
CHEVY CHASE, MD 20815

New Mailing Address:

FEI Number: 20-2442381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PENSACOLA, FL 33324 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: PD () Delete
Name: PIECZYNSKI, JAMES
Address: 30699 RUSSELL RANCH ROAD, #200
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: VPS () Delete
Name: STONE, LIZA
Address: 30699 RUSSELL RANCH ROAD, #200
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: VPT () Delete
Name: LIPSON, JEFFREY
Address: 4445 WILLARD AVENUE, 12TH FLOOR
City-St-Zip: CHEVY CHASE, MD 20815

Title: AS () Delete
Name: BRADSHAW, PIERRETTE
Address: 4445 WILLARD AVENUE, 12TH FLOOR
City-St-Zip: CHEVY CHASE, MD 20815

Title: AS () Delete
Name: SILVA-QUAGLIATO, CAROLYN
Address: 4445 WILLARD AVENUE, 12TH FLOOR
City-St-Zip: CHEVY CHASE, MD 20815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROLYN SILVA-QUAGLIATO

AS

05/11/2008

Electronic Signature of Signing Officer or Director

Date