

Mar 20 06 11:22a

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 020 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                                                              |                                                                   |
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| <b>DOCUMENT # P05000106053</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                             |                                                                   |
| 1. Entity Name<br><b>CARMEN GARRETT &amp; ASSOCIATES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>10081 BRISTOL PARK ROAD<br/>CANTONMENT, FL 32533 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | Mailing Address<br><b>10081 BRISTOL PARK ROAD<br/>CANTONMENT, FL 32533 US</b>                                                                                |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | 3. Mailing Address                                                                                                                                           |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   | Suite, Apt. #, etc.                                                                                                                                          |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   | City & State                                                                                                                                                 |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                           | Zip                                                                                                                                                          | Country                                                           |
| 4. FEI Number<br><b>20-3240502</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | Applied For<br><input type="checkbox"/> No: Applicable                                                                                                       |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | <b>\$8.75 Additional Fee Required</b>                                                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>GARRETT, CARMEN<br/>10081 BRISTOL PARK ROAD<br/>CANTONMENT, FL 32533</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                                                              |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>GARRETT, CARMEN<br/>10081 BRISTOL PARK ROAD<br/>CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP<br/>GATES, LARRY A<br/>10081 BRISTOL PARK ROAD<br/>CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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 807, 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: <i>Carmen Garrett</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | <i>L. J. Locke</i> <b>850-712-6631</b><br><small>Date Daytime Phone #</small>                                                                                |                                                                   |