2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 05, 2008 08:00 AN Secretary of State DOCUMENT: # P05000141524 CYNTHIA CARRERA, P.A. Principal Place of Business Mailing Address 348 LARBOARD WAY 348 LARBOARD WAY CLEARWATER, FL 33767 CLEARWATER, FL 33767 US No Chg-P CR2E034 (11/05) 04262008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3648069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARRERA, CYNTHIA DO NOT WRITE 348 LARBOARD WAY CLEARWATER, FL 33767 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 000000947613 06/02/08-80022-003 150.00 OFFICERS AND DIRECTORS 10. TITLE CARRERA, CYNTHIA NAME STREET ADORESS 348 LARBOARD WAY CITY-ST-ZIP CLEARWATER, FL 33767 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 y than address, with all other tike empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #