FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 25 PM 1:25

DOCUMENT # **P32240** **(4)**

1. Corporation Name
CARLINGSWITCH, INC.

Principal Place of Business	Mailing Address
~~111 EAST OSCEOLA STREET, SUITE D~~ STUART FL 34994	~~111 EAST OSCEOLA STREET, SUITE D~~ STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/17/1990**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 **HOP E. OSCEOLA Street**	26 **HOP E. OSCEOLA STREET**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **06-0284460** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SORENSON, RICHARD W. **6540 SOUTHEAST HARBOR CIRCLE** **STUART FL 34996**	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	SORENSON, RICHARD W.	1.2 NAME	
STREET ADDRESS	6540 S.E. HARBOR CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	SORENSON, RICHARD W.	2.2 NAME	
STREET ADDRESS	6540 S.E. HARBOR CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, WENDY S.	3.2 NAME	
STREET ADDRESS	51 WEST ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, EDWARD F.	4.2 NAME	
STREET ADDRESS	10 BIRCH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD CT	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-20-95 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD W. SORENSON

0380204 CP