2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90193 014 ***150.00

DOCUMENT # P93000042520

1. Entity Name
CARLY COMPANY, INC.

Principal Place of Business	Mailing Address
1304 TUSCANY WAY BOYNTON BEACH, FL 33435	1304 TUSCANY WAY BOYNTON BEACH, FL 33435

2. Principal Place of Business	3. Mailing Address
14824 Enclave Preserve Cir	14824 Enclave Preserve Cir
Suite, Apt. #, etc. C-4	Suite, Apt. #, etc. C-4
City & State Delray Beach FL	City & State Delray Beach FL
Zip 33484 Country USA	Zip 33484 Country USA

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0418922 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABELSON, WARREN 1304 TUSCANY WAY BOYNTON BEACH, FL 33435	Name Street Address (P.O. Box Number is Not Acceptable): 14824 Enclave Preserve Cir C-4 City: Delray Beach FL Zip Code: 33484

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 W.S. Abelson W.S. Abelson 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete ABELSON, WARREN 1304 TUSCANY WAY BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 14824 Enclave Preserve Cir C-4 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete ABELSON, MARY A 1304 TUSCANY WAY BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 14824 Enclave Preserve Cir C-4 Delray Beach FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W.S. Abelson 4/26/04 561 276-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

W.S. Abelson