

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093976

FILED
Jan 31, 2006
Secretary of State

Entity Name: CARLEN, INC.

Current Principal Place of Business:

34 W. ORANGE STREET
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1879
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3543434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, DONALD R
28050 U.S. HWY 19 N., SUITE 402
CLEARWATER, FL 33761 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: DCP () Delete
Name: MARTIN, CAROL E
Address: POST OFFICE BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: CFOT () Delete
Name: RISTORCELLI, PETER
Address: POST OFFICE BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S () Delete
Name: HIMONETOS, STELLA
Address: POST OFFICE BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP () Delete
Name: MCLANE, JAMES
Address: POST OFFICE BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: V (X) Change () Addition
Name: MCLANE, JAMES
Address: POST OFFICE BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Change (X) Addition
Name: GAGNON, CHRISTINE L
Address: POST OFFICE BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Change (X) Addition
Name: SHARPE, LYNN A
Address: POST OFFICE BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL E. MARTIN

Electronic Signature of Signing Officer or Director

P

01/31/2006

_____ Date