


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000012166 1. Entity Name CARAT 7, INC.	
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FILED

2006 DEC -1 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1001 NORTH FEDREAL HWY STE 309 HALLANDALE, FL 33009 US	Mailing Address 1001 NORTH FEDREAL HWY STE 309 HALLANDALE, FL 33009 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11282006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number 65-0473891	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEMETS, OLGA 16400 COLLINS AVE. #1544 NORTH MIAMI BEACH, FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMETS, OLGA	NAME	
STREET ADDRESS	16400 COLLINS AVE. #1544	STREET ADDRESS	100092215571
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	CITY-ST-ZIP	12/01/06--01064--003 **\$61.25
TITLE	TSD <input checked="" type="checkbox"/> Delete	TITLE	T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROUZDEV, SERGUEI	NAME	GROU, SERGUEI
STREET ADDRESS	16485 COLLINS AVE. #2236	STREET ADDRESS	16485 Collins Ave. # 2236
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	CITY-ST-ZIP	Sunny Isles Beach, FL 33160
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, GEORGE	NAME	
STREET ADDRESS	6471-2 BAY CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	VM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEGOROV, YURIY	NAME	
STREET ADDRESS	17555 COLLINS AVE. #1202	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Olga Nemets* (Olga Nemets) 305-333-9668 11/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #