## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 13, 2006 08:00 AM **DOCUMENT #511423 Secretary of State** 1. Entity Name CARSON MILLS, INC. Principal Place of Business Mailing Address 618 1/2 W NEW YORK AVENUE 618 ½ W NEW YORK AVENUE DELAND, FL 32720 DELAND, FL 32720 CR2E034 (11/05) 03062006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1689230 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OVERMAN, CAROL DO NOT WRITE 404 RIDGEWAY BLVD **DELAND, FL 32724** 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 tamillar with, and accerthe obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wifen reinstating) DATE Ummin464506 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 u3/21/U6-80118-U16 150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KAUFMANN, NANCY 1318 TALL DAKS LANE STREET ADDRESS CITY-ST-78 WHEATON, IL TITLE OVERMAN, CAROL NAME STREET ADDRESS 404 RIDGEWAY BLVD CITY-ST-ZIP DELAND, FL 32724 NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE: Cane OVERMAN CAROL OVERMAN

3/9/06 3867360346

FILED