


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90393 036 ****61.25

DOCUMENT # 729911	
1. Entity Name CONSOLIDATED CARPORTS, INC.	

Principal Place of Business 4158 TAMIAMI TRAIL K-6 PORT CHARLOTTE FL 33952	Mailing Address 4158 TAMIAMI TRAIL K-6 PORT CHARLOTTE FL 33952
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-1573428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REED, CAROLE 4158 TAMIAMI TR K-6 PORT CHARLOTTE FL 33952	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 <u>Carole Reed</u>	<u>Carole Reed</u>	<u>3/15/07</u>
Signature, typed or printed name of registered agent and title if applicable		DATE
(NOTE: Registered Agent signature required when reinstating)		

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
D FOUNTAIN, ROBERT 4158 TAMIAMI TR V5 PT CHARLOTTE FL	
VD SOWERS, CHARLES 4158 TAMIAMI TR J-7 PORT CHARLOTTE FL 33952	
T REED, CAROLE 4158 TAMIAMI TR K-6 PORT CHARLOTTE FL 33952	
P BATEMAN, ROBERT 4158 TAMIAMI TR H-7 PORT CHARLOTTE FL 33952	
SD FOUNTAIN, MILDRED 4158 TAMIAMI TR., V-5 PORT CHARLOTTE FL 33952	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Carole E Reed, Trustee **CAROLE E. REED** 4/19/07 941-235-0359