2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR). . . **DOCUMENT # 751075**

FILED Mar 15, 2006 8:00 am Secretary of State

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	DINGS CARRIAGEHOUSE (TION, INC.	CONDOMINIUM				0.5	-13-2000 3	3097 030	01.23	
Principal Plac	e of Business	Mailing Address								
2477 STICKNEY POINT RD.		2477 STICKNEY POINT RD.					3 4 -			
118A SARASOTA FL 34231		118A SARASOTA FL 34231								
2. Principal Place of Business		3. Mailing Address					100f 81121 112H 831H 11		L BIBIS BYRYS STRII BII	TUREN EN HOOF
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1st M	MOORE	CR2E03	7 (10/05)	
City & State		City & State				4. FEI Number 59-2071277			<u>-</u>	oplied For ot Applicable
、Zip ,	Country	Zip	Count	гу		5. Certificate of	Status Desired		\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent				7. Name and A	ddress of New	Registered	Agent	
				Name						
ARC 247	BUS PROPERTY MGMT., IN 7 STICKNEY POINT RD.	IC.		Street Addr	ress (P.0	D. Box Number	is Not Accepta	ble)		
#11										
SAR	RASOTA FL 34231			City					Zip Cod	ie .
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	named entity submits this statement to tions of registered agent.	to the purpose of changing its	a registered	Office of Te	gistereo	agent, or bolli,	iii the State of	rionda. Tan	rianina with	, and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title it applicable (NOT	TE: Registered A	gent signature in	sequired wh	en reinstaling)		DATE		
**************************************	Signature, typed or printed name of registered ager FILE NOW: FEE IS \$61.25 Due By May 1, 2006		mpaign Fina	ancing _	, \$	5.00 May Be		lake Ched	k Payable	
**************************************	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund (mpaign Fina	ancing _	\$	5.00 May Be	Flo	lake Ched rida Depa	rtment of s	State
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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.

CITY-ST-ZIP

SIGNATURE: