

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000002230

1. Entity Name
CARMA (COLORADO), INC.



Principal Place of Business
**7315 8TH ST N.E.
CALGARY, AL T2E8A CA**

Mailing Address
**188 INVERNESS DRIVE WEST
150
ENGLEWOOD, CO 80112**

U000000662977
03/21/07-80034-022 150.00



DO NOT WRITE IN THIS SPACE

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0172445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L
109 TAYLOR STREET, STE 112
PUNTA GORDA, FL 33950**

**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	NORRIS, ALAN
STREET ADDRESS	7315 8TH ST, N.E.
CITY-ST-ZIP	CALGARY ALBERTA CANADA,
TITLE	VDS
NAME	LEEDS, KAREN
STREET ADDRESS	7315 8TH ST, N.E.
CITY-ST-ZIP	CALGARY ALBERTA CANADA,
TITLE	VD
NAME	HARVIE, DAVID
STREET ADDRESS	7315 8TH ST NE
CITY-ST-ZIP	CALGARY, ALBERTA, CA
TITLE	VP
NAME	MORTON, TOM
STREET ADDRESS	188 INVERNESS DRIVE WEST, #150
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	VP
NAME	STEPHENS, MILES
STREET ADDRESS	188 INVERNESS DRIVE WEST, #150
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07 337906581

Date

Daytime Phone #