
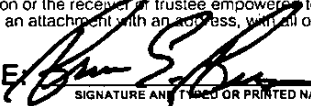


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90014 045 \*\*\*150.00

<b>DOCUMENT # F03000002670</b> 1. Entity Name <b>CARCO HOLDINGS, INC.</b>					
Principal Place of Business <b>502 SOUTH BEACH ROAD HOBE SOUND, FL 33455</b>			Mailing Address <b>502 SOUTH BEACH ROAD HOBE SOUND, FL 33455</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number <b>58-2671019</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, PETER L 502 SOUTH BEACH ROAD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dale L. Watson 5000 Corporate Court Holtsville NY 11742	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GIORDANO, MICHAEL J <input checked="" type="checkbox"/> Delete 17 FLOWERFIELD INDUSTRIAL PARK ST. JAMES, NY 11780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce E. Berger 5000 Corporate Court Holtsville NY 11742	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOFFMAN, PAMELA J <input checked="" type="checkbox"/> Delete 17 FLOWERFIELD INDUSTRIAL PARK ST. JAMES, NY 11780		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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 			<b>Bruce E. Berger</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>02/27/06</b> Daytime Phone <b>631-862-9300</b>		