2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000000176

 Entity Name CAROLINA SHOWS, INC.



Principal Place of Business

2427 PLANTATION CENTER DRIVE, SUITE A MATTHEWS, NC 28105

Mailing Address

PO BOX 853

MATTHEWS, NC 28106-0853

FILED Jan 10, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052008 No Chg-P

CR2E034 (11/05)

4. FEI Number 56-1296781

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVERY, SANDY 300 A PHILIPS RANDOLPH BLVD. JACKSONVILLE, FL 32202

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 reinstaing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				<u> </u>
TITLE	PC				
NAME	HUNT, ROBERT C JR.				
STREET ADDRESS	6619 WOODSHED CIRCLE				
CITY-SI-ZIP	CHARLOTTE, NC 28270				U00000778091
TITLE	VST				01/10/08-80034-021 150.00
NAME	HUNT, JANICE				01710700 00034 021 130.00
STREET ADDRESS	6619 WOODSHED CIRCLE		ŀ		
CITY-SI-ZIP	CHARLOTTE, NC 28270				
TITLE				•	
NAME					
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CITY-ST-ZIP	•				
TITLE		-			` .

12. I hereby 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 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 attagriment with an addless, with all other like empowered.

SIGNATURE:

STREET ADDRESS CULY-ST-ZIP

RINTEO NAME OF SIGNING OFFICER OR DIRECTOR

1-5.07 704 847.948