


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90159 009 ***150.00

DOCUMENT # F05000006258					
1. Entity Name CARBONVIEW RESEARCH, INC.					
Principal Place of Business % QUICKTEST, INC. 1061 EAST INDIANTOWN RD., SUITE 204 JUPITER, FL 33477			Mailing Address % QUICKTEST, INC. 1061 EAST INDIANTOWN RD., SUITE 204 JUPITER, FL 33477		
2. Principal Place of Business - No P.O. Box # 1061 E. Indiantown Road		3. Mailing Address 1061 E. Indiantown Road			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300			
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 20-2581909	
Zip 33477		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODGERS, ADAM % QUICKTEST, INC. 1061 EAST INDIANTOWN RD., SUITE 204 JUPITER, FL 33477			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODGER, ADAM 33 PRINCEWOOD LANE PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DEAN, EDWARD 5211 SOUTHWEST HAMMOCK CREEK DRIVE PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President/Treasurer/Secretary/CFO <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODGER, RICHARD 700 VIA ROYALE #716 JUPITER, FL 33458		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: _____			Date: 4/28/08 Daytime Phone #: 561-748-0931		