

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000316

Entity Name: CARVEST, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

C/O GEORGE R. FUNARO & CO., P.C.
ONE PENN PLAZA, #3515
NEW YORK, NY 10119

New Principal Place of Business:

Current Mailing Address:

C/O GEORGE R. FUNARO & CO., P.C.
ONE PENN PLAZA, #3515
NEW YORK, NY 10119

New Mailing Address:

FEI Number: 13-3463993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

READ, JOHN L
8111 BAY COLONY DR., #1404
NAPLES, FL 33963 US

Name and Address of New Registered Agent:

READ, JOHN L
8111 BAY COLONY DR., #1404
NAPLES, FL 34108 US

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.

SIGNATURE:

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: READ, JOHN L
Address: 8111 BAY COLONY DR., #1404
City-St-Zip: NAPLES, FL 33963

Title: PD () Delete
Name: SATLIN, SHELDON
Address: 1 PENN PLAZA, #3515
City-St-Zip: NEW YORK, NY 10119

Title: S () Delete
Name: LAST, WILLIAM
Address: 1 PENN PLAZA, #3515
City-St-Zip: NEW YORK, NY 10119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: READ, JOHN L
Address: 8111 BAY COLONY DR., #1404
City-St-Zip: NAPLES, FL 34108 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L READ

MR

04/21/2005

Electronic Signature of Signing Officer or Director

Date