
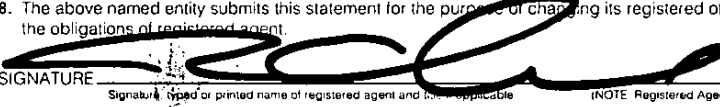
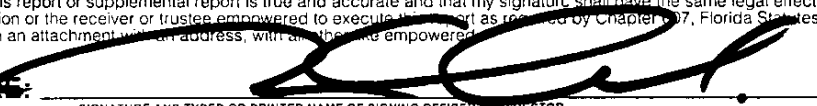


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90053 026 ***158.75

DOCUMENT # F95000002527			
1. Entity Name CAROLYN CORPORATION			
Principal Place of Business 8402 LAUREL FAIR CI SUITE 205 TAMPA, FL 33610 US		Mailing Address 8402 LAUREL FAIR CI SUITE 205 TAMPA, FL 33610 US	
2. Principal Place of Business - No P.O. Box # 9260 Bay Plaza Blvd Suite, Apt. #, etc. Ste 501		3. Mailing Address 9260 Bay Plaza Blvd Suite, Apt. #, etc. Ste 501	
City & State Tampa FL		City & State Tampa FL	
Zip 33619		Country USA	
4. FEI Number 75-2543148		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ODED, REUVEN 423 CATALINA AVENUE MIAMI, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9260 Bay Plaza Blvd Ste 501 City Tampa FL Zip Code 33619	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  </div> <div style="width: 40%;"> DATE 1/31/07 </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PSTD ODED, REUVEN 8402 LAURIZ FAIR CT. #205 TAMPA, FL 33610	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9260 Bay Plaza Blvd Ste 501 Tampa FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 107, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another name empowered.			
SIGNATURE: 		DATE 1/31/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813-620-0800	