


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000002681 1. Entity Name THE CARSWELL GROUP, INC.	
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Principal Place of Business 14381 NORTH ROAD FENTON, MI 48430 US	Mailing Address 14381 NORTH ROAD FENTON, MI 48430 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2888423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOMLINSON, DAVID 9510 NW 83 ST TAMARAC, FL 33321
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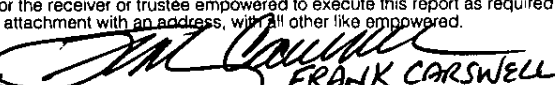
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSWELL, FRANK 13109 LAKE SHORE DRIVE FENTON, MI 48430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARSWELL, EVIDA 13109 LAKE SHORE DRIVE FENTON, MI 48430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/08-80039-005 150.00

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1-9-08	Daytime Phone # 810-750-7000 x300