


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # H81854 1. Entity Name CAROLINA LUBES, INC.	
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Principal Place of Business 790 PERSHING RD RALEIGH, NC 27608-712 US	Mailing Address 790 PERSHING RD RALEIGH, NC 27608-712 US
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2596369	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
 NATIONAL CORPORATE RESEARCH, LTD., INC.
 515 E. PARK AVE.
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

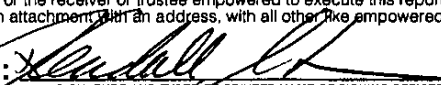
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CONWAY, STEPHEN P 790 PERSHING RD RALEIGH, NC 27608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CONWAY, JERRY 790 PERSHING RD RALEIGH, NC 27608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CARR, KENDALL A 790 PERSHING RD RALEIGH, NC 27608
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/16/07-80058-018 150.00

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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:  Kendall A. Carr V.P 4/27/07 919-828-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #