. 2006 FOR PROFIT CORPORATION

Feb 17, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # K74062 RUTH CARLTON INVESTMENTS, INC. Principal Place of Business Mailing Address 1148 WASHINGTON AVE 7600 INTERNATIONAL DRIVE ORLANDO, FL 32819 WINTER PARK, FL 32819 No Chg-P 02142006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2938573 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent ROSEN, HARRIS DO NOT WRITE 7600 INTERNATIONAL DRIVE ORLANDO, FL 32819 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Ba FILE NOW!!! FEE 15 \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 7178 F CARLTON, RUTH NAME STREET ADDRESS 7600 INTERNATIONAL DRIVE CITY-ST-ZIP ORLANDO, FL 32819 #####**383**82 TITLE 03/01/06-8000**3-02**5 150**.0**0 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C17Y -S7 - Z1P TITLE

be information supplied with his filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information of or supplemental report is the land accurate and that my signature shall have the same legal effect as if made under oath, that I am an afficer or director the receiver of 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 fachment with an address, with all other like empowered. I hardby certify that the indicated on this rep of the corporation a changed, or on a

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Osytima Phone e

FILED