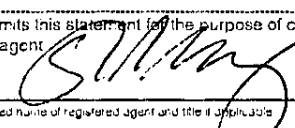
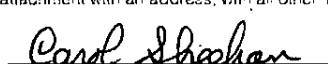


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # K77037 1. Entity Name CARLETON FINANCIAL, INC.					
Principal Place of Business 9525 BLIND PASS ROAD, SUITE #1 ST PETE BEACH, FL 33706			Mailing Address 9525 BLIND PASS ROAD, SUITE #1 ST PETE BEACH, FL 33706		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 02212007 Chg-P CR2E034 (12/06) 59-2947466				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RILEY, STEVEN P ESQ 4805 W LAUREL ST STE230 TAMPA, FL 33607	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 3-5-07 (NOTE: Registered Agent signature required when renewing)	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUTCHINSON, JEAN C. 9525 BLIND PASS ROAD #1 ST PETE BEACH, FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHEEHAN, CAROL 9525 BLIND PASS ROAD #1 ST PETE BEACH, FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U00000660634 03/20/07-80008-014 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 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:  VICE PRESIDENT CAROL SHEEHAN			Date 2/24/07 Daytime Phone # 727-363-4438		