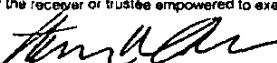


FILED
Mar 05, 2008 8:00 am
Secretary of State

02-04-2008 90132 030 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000086197					
1. Entity Name CARMAY PRODUCTIONS, LLC					
Principal Place of Business 175 2ND ST S SUITE P 11 ST. PETERSBURG, FL 33701		Mailing Address 175 2ND ST S SUITE P 11 ST. PETERSBURG, FL 33701			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CARSON, STEVEN 175 2ND ST S SUITE P 11 ST. PETERSBURG, FL 33701				4. FEI Number 65-1317442	Applied For Not Applicable
				5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
				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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> (NOTE: Registered Agent signature required when changing) _____ DATE: _____					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM CARSON, STEVEN 175 2ND ST S ST. PETERSBURG, FL 33701		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM MAY, DARYL 220 BELLEVUE BLVD. UNIT 205 BELLAIR, FL 33758		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM KILDOO-MAY, BRENDA 220 BELLEVUE BLVD. UNIT 205 BELLAIR, FL 33758		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Steven Carson 1/22/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: _____ Daytime Phone: _____			