



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90009 018 ***150.00

DOCUMENT # L91179 1. Entity Name CARCO GROUP, INC.					
Principal Place of Business ATTN: CORPORATE SECRETARY #17 FLOWERFIELD INDUSTRIAL PARK SAINT JAMES, NY 11780			Mailing Address ATTN: CORPORATE SECRETARY #17 FLOWERFIELD INDUSTRIAL PARK SAINT JAMES, NY 11780		
2. Principal Place of Business 5000 Corporate Court		3. Mailing Address 5000 Corporate Court			
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203		02102006 Chg-P CR2E034 (11/05)	
City & State Holtsville, NY		City & State Holtsville, NY		4. FEI Number 59-3030086	
Zip 11742		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SRV HOFFMAN, PAMELA A #17 FLOWERFIELD INDUSTRIAL PARK ST JAMES, NY 11780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dale L. Watson 5000 Corporate Court Holtsville, NY 11742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV Executive VP OWENS, JAMES C 17 FLOWERFIELD INDUSTRIAL PARK ST. JAMES, NY 11780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Glen Tannenbaum 5000 Corporate Court Holtsville, NY 11742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BERGER, BRUCE #17 FLOWERFIELD INDUSTRIAL PARK ST. JAMES, NY 11780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John J. Schanck 5000 Corporate Court Holtsville, NY 11742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACONACHY, DREW 17 FLOWERFIELD INDUSTRIAL PARK SAINT JAMES, NY 11780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John E. Przedpelski 5000 Corporate Court Holtsville, NY 11742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTORAL, JEROME A 17 FLOWERFIELD INDUSTRIAL PARK SAINT JAMES, NY 11780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy L. Gladura 5000 Corporate Court Holtsville, NY 11742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, PETER 17 FLOWERFIELD INDUSTRIAL PARK SAINT JAMES, NY 11780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Bruce E. Berger</u> <u>2/15/06</u> 631-862-9300 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					