2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# M16760

Entity Name: CARTER BOTANICALS, INC.

Current Principal Place of Business:

14470 SMITH SUNDY RD
DELRAY BCH., FL 33446 US

New Principal Place of Business:

Current Mailing Address:

14470 SMITH SUNDY RD
DELRAY BCH., FL 33446 US

New Mailing Address:

FEI Number: 59-2547151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORRIS, GARY
14470 SMITH SUNDY ROAD
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	MORRIS, GARY	
Address:	14470 SMITH SUNDY RD	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	DS	( ) Delete
Name:	MORRIS, VICTOR	
Address:	14470 SMITH SUNDY RD	
City-St-Zip:	DELRAY BCH., FL 33446	
Title:	AT	( ) Delete
Name:	CHUNG, JAYSON	
Address:	14470 SMITH SUNDY RD	
City-St-Zip:	DELRAY BCH., FL 33446	
Title:	DT	( ) Delete
Name:	SEOW, LLOYD	
Address:	14470 SMITH SUNDY ROAD	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	AS	( ) Delete
Name:	VAUGHN, MORRIS	
Address:	14470 SMITH SUNDY ROAD	
City-St-Zip:	DELRAY BCH, FL 33446	
Title:	DV	( ) Delete
Name:	MORRIS, GLORIA	
Address:	14470 SMITH SUNDY ROAD	
City-St-Zip:	DELRAY BEACH, FL 33446	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MORRIS DP 02/03/2009

Electronic Signature of Signing Officer or Director Date