

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M58256

Entity Name: CARROLL PUBLICATIONS, INC.

FILED
Jan 18, 2005
Secretary of State

Current Principal Place of Business:

4051 SW 47TH AVE.
#103
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4051 SW 47TH AVE.
#103
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0017775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WACHMAN, ELLIOT
4051 S.W. 47 AVE
#103
DAVIE, FL 33314 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: S () Delete
Name: WACHMAN, ELLIOT,
Address: 4231 SW 47 AVE #103
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: WACHMAN, INA
Address: 4051 S.W. 4TH AVE, #103
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: WACHMAN, ELLIOT
Address: 4231 SW 47 AVE #103
City-St-Zip: DAVIE, FL 33314

Title: MS (X) Change () Addition
Name: WACHMAN, INA
Address: 4051 S.W. 4TH AVE, #103
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELLIOT WACHMAN

VP

01/18/2005

Electronic Signature of Signing Officer or Director

Date