2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # M69875 1. Entity Name CAROL CARR, INC.			1	of State 90230 044 ***150.00
Principal Place of Business C/O CAROL CARR 3567 NORTH 9181 STREFT WAS DARKED AS A STREET WAS DANKED AS A STREET WAS DARKED AS A STREET WAS DARKED AS A STREET WA	Mailing Address PO BOX 1091 PALM BEACH, FL 33480		A CONTROL OR A BRILLIAN COM CONTROL OR	HON OLEH ETUR SISO DIEN BRUTSTI II 1819
Principal Place of Bysiness - No P.O. Box # 3. Mailing Address 912 UPLDND PD				
Suite, Apt. #, etc.	Suite, Apt. # par.		04282008 Chg-P	CR2E034 (12/06)
City & State PALM BEACH FL	City & State		4. FEI Number 65-0033895	Applied For Not Applicable
Zip Country 1/5 Ar 8. Name and Address of Current F	Zip Cou	intry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. 17.	A Company	Name	7. Name and Address of New Re	gistered Agent
CARR, CAROL 3567 NORTH-97ST 8TRPFT #5				
Take PARK DE 38403 PAIM Beach FL 33480 39 City FL Zip Code				
340 Roya	al Poincia naliky 31	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 Signature, sports or printed ribage of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10. OFFICERS AND I			ADDITIONS/CHANGES TO OFFIC	
NAME CARR, CAROL	NA NA	ile Me		☐ Change ☐ Addition
CITY-SI-ZIP	cn	REET ADORESS [Y-ST-ZIP		
TITLE 340 ROYAL POINCIANA I NAME SUBET ANDRESS SWILL 317-307	Way Delete III	ILE ME		Change Addition
STREET ADDRESS SUITE 317-30/ CITY-ST-ZIP Palm Bench FL 3:	31	REET ADORESS 1Y-ST-ZIP		
TITLE		TLE .		☐ Change ☐ Addition
STREET ADDRESS		ME REET ADDRESS		
TITLE		ry-st-zip n.e		☐ Change ☐ Addition
NAME STREET ADDRESS	NA	ME REET ADDRESS		
CITY-ST-ZIP		Y-ST-ZIP		
NAME NAME		ne Me		Change Addition
STREET ADDRESS CITY-ST-ZIP		reet address Ty-st-zip		
TITLE NAME		TLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	st	REET AODRESS IY-ST-ZIP		
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 receiveryor 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: Bignature And Typeb or Previted NAME OF SIGNANO OFFICER OR DIRECTOR Date Day one Phone #				