2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004255

Entity Name: CART - COALITION AGAINST RUNAWAY TAXATION, INC.

FILED Sep 29, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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5313 GULF DR. N. 618 BARONET LN

HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217

Current Mailing Address: New Mailing Address:

5313 GULF DR. N. P.O. BOX 1849

HOLMES BEACH, FL 34217 ANNA MARIA, FL 34216

FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEBB, CHARLES H WEBB, CHARLES H 501 MÁNATEE AVE 3909 EAST BAY DR. SUITE D

SUITE 115 HOLMES BEACH, FL 34217 US HOLMES BEACH, FL 34217 US

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: CHARLES H. WEBB

09/29/2006 Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete (X) Change () Addition

SCHRODER, DONALD SCHRODER, DONALD Name: Name: 618 BARONET LN Address: 618 BARONET LN Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: HOLMES BEACH, FL 34217

Title: () Delete Title: (X) Change () Addition

Name: BROWN, NIGEL Name: SAWE, ASHOK Address: 112 OAK AVE. Address: 207 66TH STREET

City-St-Zip: ANNA MARIE, FL 34216 City-St-Zip: HOLMES BEACH, FL 34217

Title: () Delete Title: (X) Change () Addition CALLAGHAN, BARBARA T Name: MUSIL-BUEHLER, SABINE Name:

622 EMERALD LN Address: Address: 8102 GULF DR City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: HOLMES BEACH, FL 34217

Title: (X) Delete Title: () Change () Addition

Name: SAWE, ASKOK Name: Address: 207 66TH ST. Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD SCHRODER Ρ 09/29/2006