

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005146

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** CARRI CARES INC.

**Current Principal Place of Business:**

1424 N  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1424 N  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 80-0428261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNTE, ROYSTON  
1424 N  
LAKE WORTH, FL 33460 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCKENNA, MARGOT  
Address: 1424 N  
City-St-Zip: LAKE WORTH, FL 33460

Title: CEO  
Name: HUNTE, ROYSTON  
Address: 1424 N  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP  
Name: MCKENNA, TIFFANY  
Address: 1424 N  
City-St-Zip: LAKE WORTH, FL 33460

I hereby 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 all other like empowered.

**SIGNATURE:** ROYSTON HUNTE

CEO

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date