

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N96000001432

1. Entity Name

CARTER ERUV, INC.



**FILED
Mar 23, 2005 8:00 am
Secretary of State**

03-23-2005 90044 012 ****61.25

Principal Place of Business

16189 JOG ROAD
DELRAY BEACH FL 33446

Mailing Address

16189 JOG ROAD
DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, NORMAN
180 SEVILLE H
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name *KORMAN, MURRAY*

Street Address (P.O. Box Number is Not Acceptable)

421 SAXONY I

City

DELRAY BEACH

FL *33446*

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

B. Murray, President

2/23/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALMENSON, KENNETH		NAME	
STREET ADDRESS	6787 PORTSIDE DR		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33476		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENER, JACOB		NAME	
STREET ADDRESS	112 WATERFORD E		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, NORMAN		NAME	
STREET ADDRESS	180 SEVILLE H		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAROTHY, BETTY		NAME	
STREET ADDRESS	15457 LAKE CORDENNA PL		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, DANIEL		NAME	
STREET ADDRESS	140 PEIDMONT C		STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Murray, President

561-499-9229

Date

Daytime Phone #