2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 8:00 am Secretary of State

DOCUMENT # N9600001432 1. Entity Name CARTER ERUV, INC.						03-28-2006	5 90132 011 **	**61.25	
16189 JOG ROAD 161		Mailing Address 16189 JOG ROAD DELRAY BEACH, FL 334	-				5000	6366	
		T							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162006	Chg-NP	CR2E037 (11/	05)		
City & State		City & State			4. FEI Number NOT APF	LICABLE		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75	5 Additional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent		
KORMAN, MURRAY- 4 21 SAXONY I DELRAY BEACH, FL-3344 6			Na	Name KAUFMAN, JACK					
			Str	Street Address (P.O. Box Number is Not Acceptable) 485 PIEDMONT					
				700	VILEIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	`		
			Cit	TY DELR	AY BEA	14	FL Zip	Code /p/	
	named entity submits this statement for	r the purpose of changing its r	registered off	fice or register	ed agent, or both	in the State of F	Florida. I am familiar	with, and accept	
SIGNATURE .	ions of registered agent.	halm	PRES	INEUT	-		3/22	12006	
	Signature, typed or printer name of registered agent	and title oplicable (NOTE	Registered Agen	nt signature required	when reinstating)		DATE		
	Signature, typed or printe Frame of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund C	npaign Financ		\$5.00 May Be Added to Fees		DATE Make check paya orida Department		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Cam Trust Fund C	npaign Finance contribution.	cing	\$5.00 May Be Added to Fees	Flo	erida Department	of State	
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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 receiver pr 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:

JACK KAUFMAN PRESIDENT SIGNATURE AND TYPED OR PRINTED MARE OF SIGNING OFFICER OR DIRECTOR

561-499-927 Daytime Phone # 3/2/2006