


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000033007</b> 1. Entity Name <b>CAROLINA, INC.</b>	
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Principal Place of Business <b>P.O. BOX 915051 LONGWOOD FL 32791</b>	Mailing Address <b>P.O. BOX 915051 LONGWOOD FL 32791</b>
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1st MOORE      CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. # etc
City & State	City & State
Zip	Country

4. FEI Number <b>59-3640842</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**KEIDAISH, JR., PHILIP F**  
**505 WEKIVA SPRINGS ROAD, SUITE 800**  
**LONGWOOD FL 32779**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

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 \_\_\_\_\_ DATE \_\_\_\_\_

(initially typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete MURRAY, TIM 620 CROWN PAK CENTER DR SUITE 104 LONGWOOD FL 32750
TITLE	D <input type="checkbox"/> Delete MURRAY, KATIE 620 CROWN PAK CENTER DR SUITE 104 LONGWOOD FL 32750-
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000200215 01/28/05-80019-009 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Tim Murray      Tim Murray      1/25/05      407-687-8272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #