


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90044 009 ***150.00

DOCUMENT # P01000034108			
1. Entity Name CONSULTING BY CARTER, INC.			
Principal Place of Business 1314 RADCLYFFE RD. ORLANDO, FL 32804		Mailing Address 537 SIXTH AVE. HUNTINGTON, WV 25701	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 9025 Haywood Court		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32825	Country Orange	Zip	Country
6. Name and Address of Current Registered Agent CARTER, DEBORAH 1314 RADCLYFFE RD. ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9025 Haywood Court City Orlando FL Zip Code 32825	
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 <u>Deborah Carter</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, WILLIAM 1314 RADCLYFFE RD. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carter, William 9025 Haywood Court Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, DEBORAH 1314 RADCLYFFE RD. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Carter, Deborah 9025 Haywood Court Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Deborah Carter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Deborah Carter <small>Date Daytime Phone #</small>	

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07012005 Chg-P CR2E034 (10/03)

4. FEI Number 31-1777052 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required