


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000034108
 1. Entity Name
 CONSULTING BY CARTER, INC.



Principal Place of Business
 9025 HAYWOOD COURT
 ORLANDO, FL 32825

Mailing Address
 537 SIXTH AVE.
 HUNTINGTON, WV 25701

DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
 31-1777052

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CARTER, DEBORAH
 9025 AHYWOOD COURT
 ORLANDO, FL 32825

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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

| | |
|----------------|--------------------|
| TITLE | P |
| NAME | CARTER, WILLIAM |
| STREET ADDRESS | 9025 HAYWOOD COURT |
| CITY-ST-ZIP | ORLANDO, FL 32825 |
| TITLE | S |
| NAME | CARTER, DEBORAH |
| STREET ADDRESS | 9025 HAYWOOD COURT |
| CITY-ST-ZIP | ORLANDO, FL 32825 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 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: *[Signature]* 7/27/08

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