2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# P01000058466

Entity Name: CAROLINA LABOR SOLUTIONS, INC.

Current Principal Place of Business:

P. O. BOX 995
FROSTPROOF, FL 33843

New Principal Place of Business:

212 1ST STREET S.
WINTER HAVEN, FL 33880

Current Mailing Address:

P. O. BOX 995
FROSTPROOF, FL 33843

New Mailing Address:

P. O. BOX 9409
WINTER HAVEN, FL 33883

FEI Number: 59-3729968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROUTMAN, BAXTER G
205 N SCENIC HWY.
STE. 100
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

TROUTMAN, BAXTER G
212 1ST STREET S.
WINTER HAVEN, FL 33880 US

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.

SIGNATURE: BAXTER G. TROUTMAN 04/09/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TROUTMAN, BAXTER G
Address: P. O. BOX 995
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: MATTESON, BYRON
Address: P O BOX 995
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: TROUTMAN, H.P.
Address: P.O. BOX 995
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TROUTMAN, BAXTER G
Address: P. O. BOX 9409
City-St-Zip: WINTER HAVEN, FL 33883

Title: D (X) Change ( ) Addition
Name: MATTESON, BYRON
Address: 315 EAST SESSOMS AVE
City-St-Zip: LAKE WALES, FL 33853

Title: D (X) Change ( ) Addition
Name: TROUTMAN, H.P.
Address: 612 S. LAKESHORE BLVD
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BAXTER G. TROUTMAN D 04/09/2007
Electronic Signature of Signing Officer or Director Date