

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069643

Entity Name: THE CART DOCTOR, INC.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

922 SW 124TH TERR.
DAVIE, FL 33325

New Principal Place of Business:

2220 COUNTY ROAD 210 WEST
SUITE 108
JACKSONVILLE, FL 32259

Current Mailing Address:

922 SW 124TH TERR.
DAVIE, FL 33325

New Mailing Address:

2220 COUNTY ROAD 210 WEST
SUITE 108
JACKSONVILLE, FL 32259

FEI Number: 65-1127347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, ILISA
922 SW 124TH TERR.
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

GRIFFIN, ILISA
2220 COUNTY ROAD 210 WEST
SUITE 108
JACKSONVILLE, FL 32259 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: ILISA GRIFFIN

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIFFIN, BRUCE A
Address: 922 SW 124TH TERRACE
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: GRIFFIN, ILISA
Address: 922 SW 124TH TERRACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRIFFIN, BRUCE A
Address: 2220 COUNTY ROAD 210 WEST, SUITE 108
City-St-Zip: JACKSONVILLE, FL 32259

Title: S (X) Change () Addition
Name: GRIFFIN, ILISA S
Address: 2220 COUNTY ROAD 210 WEST
City-St-Zip: SUITE 108, FL 32259

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: ILISA GRIFFIN

S

01/10/2006

Electronic Signature of Signing Officer or Director

Date