2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069643

Entity Name: THE CART DOCTOR, INC.

2220 COUNTY ROAD 210 WEST

SUITE 108, FL 32259

Address:

City-St-Zip:

FILED Jan 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2220 COUNTY ROAD 210 WEST SUITE 108 JACKSONVILLE, FL 32259 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GRIFFIN, BRUCE A Name: Name: 2220 COUNTY ROAD 210 WEST, SUITE 108 Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: () Delete Title: Title: () Change () Addition GRIFFIN, ILISA S Name: Name:

Address:

City-St-Zip:

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 01/14/2007