2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# P01000069643

Entity Name: THE CART DOCTOR, INC.

Current Principal Place of Business:

2220 COUNTY ROAD 210 WEST
SUITE 108
JACKSONVILLE, FL 32259

New Principal Place of Business:

304 KINGSLEY LAKE DRIVE
601
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

2220 COUNTY ROAD 210 WEST
SUITE 108
JACKSONVILLE, FL 32259

New Mailing Address:

304 KINGSLEY LAKE DRIVE
601
SAINT AUGUSTINE, FL 32092

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
2220 COUNTY ROAD 210 WEST
SUITE 108
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

GRIFFIN, ILISA
304 KINGSLEY LAKE DRIVE
601
SAINT AUGUSTINE, FL 32092 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 02/20/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRIFFIN, BRUCE A
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S (X) Change ( ) Addition
Name: GRIFFIN, ILISA S
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify 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 02/20/2008
Electronic Signature of Signing Officer or Director Date