# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2011**
**Secretary of State**

DOCUMENT# P01000069643

**Entity Name:** THE CART DOCTOR, INC.

**Current Principal Place of Business:**

304 KINGSLEY LAKE DRIVE
601
SAINT AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

304 KINGSLEY LAKE DRIVE
601
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

**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
304 KINGSLEY LAKE DRIVE
601
SAINT AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: ILISA GRIFFIN S 01/14/2011

Electronic Signature of Signing Officer or Director — Date