(2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000081859

1. Entity Name

SIGNATURE:

CARNEGIE WORLDWIDE, INC.



FILED Mar 10, 2008 08:00 A Secretary of State

				1			
Principal Plac		Mailing Address	-				
2461 WEST SR 426 SUITE 1021 OVIEDO FL 32765		2461 WEST SR 426 SUITE 1021 OVIEDO FL 32765					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)			
City & State		City & State			4. FEI Number 59-3749583	Applied For Not Applicable	
Zıp	Country	Zp	Zip Country		5. Certificate of Status Desired	\$8.75 A Fee Requi	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered	l Agent	
				emair			
246	HLSTEDT, VIVEKA A 1 WEST SR 426 FE 1021		S	Street Address (P.O. Box Number is Not Acceptable)			
OVII	EDO FL 32765		C	City	F	Zip Co	ode
9. The above	parcel antity or broth this statemen	t far the autonomy of observing its	e conictored o	attico or rop atci	red agent, or both, in the State of Florida. I ar		th and account
	ions of registreed agent.	From the purpose of changing its	a registered c	Jince Or register	ed agent, or com, in the state or norda. Tar	TELCHIBINGI WIL	in, and accept
Wald told							
SIGNATURE	Signature, lisped or printed harve of registered ag	entanditale Lampication (NOT	E Fegisir-red Agr	or Legislation required	J when reinstating) DATE		
Jahranga da karanga da kar	ILE NOW!!! FEE IS \$150.00	1 . 4-192-1					
After	May 1, 2008 Fee Will Be \$550. Payable to Florida Department	00			9, Election Campaign Finar Trust Fund Contribution.		5.00 May Be ided to Fees
Brankla Com of the	<u>ವೈಚಿಸ್ತಾರ್ (ವರ್ಷದಿ ಕಿಂಡ ಬಳಿಸು ಚಿನಾಪಿಸುವುದು ನೀಡಿಗೆ ಸಾ</u>	Cartan data data data (C.)			ADDITIONO (OLIMACIO TO OFFICERO AN	ID DIDECTO	200 (1) 4.4
10.	DEFICERS AF	ND DIRECTORS	11.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE NAMÉ	WAHLSTEDT, VIVEKA A	☐ Derete	TIFLE NAME		HODOGOGEGGG		e [] Mooillon
STREET ADDRESS	2461 WEST SR 426, SUITE 102	1	STREET AL	DORFSS	00000853291 	ነተነ ነርሰ	00
CITY-ST-ZI2	OVIEDO FL 32765		CITY-ST-	70	03/20/00 00003 ()II 100	
TITLE		☐ De-ete	TITLE			☐ Change	e 🔲 Addition
NAME	,		HAME				
STREET ADDRESS			STREET A	ľ			
CITY-ST-ZIP			CITY-ST-	- ZIP	18 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
NAME		De-ete	TITLE			☐ Change	e 🔲 Addition
STREET ADDRESS			NAME Street as	ODBESS			
CITY-ST-ZIP			CITY-ST-				
IDLE		□ De-ete	TIFLE			Change	e Addition
NAME .			NAME				
STREET ADDRESS			STREET A	DORESS			
CITY-ST-ZIP			CITY-ST-	ZIP			
TITLE		Derete	TITLE			Change	e 🔲 Addition
NAME TYPEST CORPORA			NAME	11201.00			
STREET ADDRESS CITY-ST-ZIP			STREET AL				
	,	□ f\sigle				☐ Chang	e Addition
TITLE NAME		☐ Delete	TITLE				n Theorem
STREET ADDRESS			STREET A	DORESS			
City-St-ZiP			CITY-ST-	ZIP			
12. hareby	certify that the information supplied	with this filing does not qualify	for the exem	nctions containe	ed in Section 119, Florida Statutes. I further c	ertify that th	e information
l of the co	rporation or the receiver or trustee e	empowered to execute this repo	ort as required	e snall have the d by Chapter 60	same legal effect as if made under oath; that 07. Florida Statutes, and that my name appea	i am an offic rs in Block 1	cer or airector 10 or Block 11
if change	d, or on an attachment will an add	ress, with all other like empowe	ered.	•	•		

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR