

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000023127

**Entity Name:** CAROLINA OFFSHORE, INC.

**FILED**  
**Sep 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

700 ST ALBANS DR  
BOCA RATON, FL 33486

**New Principal Place of Business:**

1301 RIVER REACH DRIVE  
#307  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

700 ST ALBANS DR  
BOCA RATON, FL 33486

**New Mailing Address:**

1301 RIVER REACH DRIVE  
#307  
FORT LAUDERDALE, FL 33315

**FEI Number:** 06-1679938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCCUISTON, WALTER R PRES  
700 ST ALBANS DR  
BOCA RATON, FL 33486 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: PSD  
Name: MCCUISTON, WALTER R  
Address: 700 ST ALBANS DR  
City-St-Zip: BOCA RATON, FL 33486

Title: VTD  
Name: MCCUISTON, JANE E  
Address: 700 ST ALBANS DR  
City-St-Zip: BOCA RATON, FL 33486

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: WALTER R MCCUISTON

PRES

09/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date