2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2006 08:00 AM Secretary of State **DOCUMENT # P03000145812** CARL BECKER, INC. Principal Place of Business Mailing Address 14 LOTUS LAKE DRIVE 14 LOTUS LAKE DRIVE CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 03062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0481570 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECKER, CARL DO NOT WRITE 14 LOTUS LAKE DRIVE CASSELBERRY, FL 32707 IN THIS SPACE 8. 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. I am familiar with, and acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees UN0000478545 /08/06-23019-805-159.00 10. OFFICERS AND DIRECTORS **PVST** TITLE NAME BECKER, CARL STREET ADDRESS 14 LOTUS LAKE DRIVE CASSELBERRY, FL 32707 CITY-ST-ZIP D NAME BECKER, CARL STREET ADDRESS 14 LOTUS LAKE DRIVE CITY-ST-ZIP CASSELBERRY, FL 32707 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP mir IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP THE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an efficer 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

CICHATHDE.

STREET ADDRESS City-ST-ZIP

ELL CARL O. BECKINZ

3/7/06

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FILED