
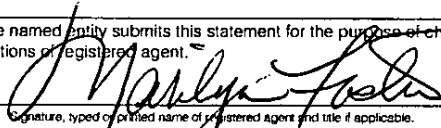
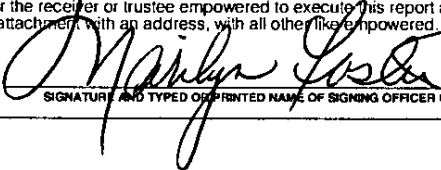


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90027 038 ***150.00

DOCUMENT # P04000015681 1. Entity Name CAROUSEL PARTNERS, INC.					
Principal Place of Business 1355 SOUTH U.S. HIGHWAY #1 ROCKLEDGE, FL 32955			Mailing Address 1355 SOUTH U.S. HIGHWAY #1 ROCKLEDGE, FL 32955		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0618434	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRAXTON, JOHN A 1803 OAK DR. NORTH ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name FOSTER, MARILYN Street Address (P.O. Box Number is Not Acceptable) 5805 N BANANA RIVER DR # 1111 City CAPE CANAVERAL FL Zip Code 32920	
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 accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$750.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEHRIBACH, JOHN A 1355 SOUTH U.S. HIGHWAY #1 ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FEHRIBACH, JOHN A. 1355 S. US 1 ROCKLEDGE, FL 32955
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILK, NICOLE 1355 SOUTH U.S. HIGHWAY #1 ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARKER, JENNIFER 1355 S. US 1 ROCKLEDGE, FL 32955
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKER, JENNIFER 1355 SOUTH U.S. HIGHWAY #1 ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAXTON, JOHN 1355 SOUTH U.S. HIGHWAY #1 ROCKLEDGE, FL 32955
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAXTON, JOHN 1355 SOUTH U.S. HIGHWAY #1 ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRAXTON, JOHN 1355 S. US 1 ROCKLEDGE, FL 32955
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARKER, JENNIFER 1355 SOUTH U.S. HIGHWAY #1 ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARKER, JENNIFER 1355 S. US 1 ROCKLEDGE, FL 32955
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3-21-5 321-636-7196		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		