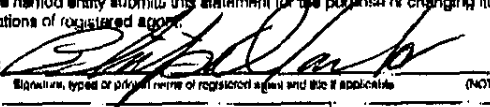
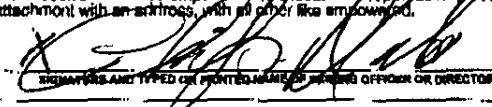


FILED**May 05, 2008 08:00 AM**
Secretary of State**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000022351 1. Entity Name PHILIP DICARLO INC.			
Principal Place of Business 10782 LAKE JASMINE DRIVE BOCA RATON, FL 33498		Mailing Address PO BOX 970021 BOCA RATON, FL 33497	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent TERRI, KING 7000 W. PALMETTO PARK RD 502 BOCA RATON FL., FL 33433		DO NOT WRITE 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 accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable		DATE 05 01 08 (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000947800 06/02/08-80029-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES PHILIP, DICARLO 10782 LAKE JASMINE DRIVE BOCA RATON, FL 33498	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing 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 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:  SIGNATURES AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR		DATE 5/1/08 (561) 213-0777 Date Daytime Phone	