


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90099 042 ***158.75

DOCUMENT # P04000069932

1. Entity Name
CARLYLE DEVELOPERS, INC.



Principal Place of Business 950 CELEBRATION BLVD. SUITE F CELEBRATION, FL 34747 US	Mailing Address 950 CELEBRATION BLVD. SUITE F CELEBRATION, FL 34747 US
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DO NOT WRITE IN THIS SPACE

40023133



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1649425	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHINDEL, MATTHEW G ESQ.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401

**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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISSA, FRANCIS J 950 CELEBRATION BLVD. #F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPEL, DONALD E 950 CELEBRATION BLVD. #F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHELL, JEFFREY F 950 CELEBRATION BLVD. #F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Donald E. Hempel **Donald E. Hempel** 03-01-06 407 566-4722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #