2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069932

CARLYLE DEVELOPEDO INO

950 CELEBRATION BLVD. #F

CELEBRATION, FL 34747 US

Address: City-St-Zip: FILED Apr 05, 2007 Secretary of State

Entity Nan	ne: CARLYLE	DEVELOPERS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
950 CELEE SUITE F	BRATION BLVD				
	TION, FL 34747	7 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
950 CELEE SUITE F	BRATION BLVD				
	TION, FL 34747	7 US			
FEI Number:	84-1649425	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SCHINDEL, MATTHEW G ESQ. ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401 US			ONE NORTH CLEMAT SUITE 500	LEBOW, PATRICIA P.A. ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401 US	
The above in the State		ıbmits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: PATRICIA LEBOW				04/05/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E ISSA, FRANCIS & 950 CELEBRATION, I	ON BLVD. #F	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [HEMPEL, DONAL 950 CELEBRATION, I	ON BLVD. #F	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ()[MARCHELL, JEF	Delete FREY F	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DONALD E. HEMPEL D 04/05/2007