2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000079849

Entity Name: CARREY ALLEN INC.

FILED Sep 30, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|--------------------------------|---|--|--|
| | BURNS RD JRG, FL 32068 | US | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | BURNS RD JRG, FL 32068 | US | | | |
| FEI Number | : 20-2031539 | FEI Number Applied For () | FEI Number Not Applic | cable () Certificate of Status Desired () | |
| Name and | I Address of Cu | rrent Registered Agent: | Name and A | Address of New Registered Agent: | |
| | ARREY S BURNS RD JRG, FL 32068 | US | | | |
| | named entity sue of Florida. | bmits this statement for the p | ourpose of changing its | s registered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electronic | Signature of Registered Ag | ent | Date | |
| OFFICERS | S AND DIRECT | ORS: | ADDITIONS | S/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | P/D () E ALLEN, CARREY 1043 ED BURNS MIDDLEBURG, F | RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP/D () E ALLEN, ELIZABE 1043 ED BURNS MIDDLEBURG, F | RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () E ALLEN, CRISTINA 1043 ED BURNS MIDDLEBURG, F | RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | () [| Delete | Address: | D () Change (X) Addition ALLEN, CARREY C 1038 BOB WHITE RD MIDDLEBURG, FL 32068 US | |

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CARREY ALLEN P 09/30/2009