2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# P04000117281

Entity Name: CAROLINA LOTS, INC.

Current Principal Place of Business:

1485 BOUGAINVILLEA AVE.
PORT ST LUCIE, FL 34953

New Principal Place of Business:

1485 SW BOUGAINVILLEA AVE.
PORT ST LUCIE, FL 34953

Current Mailing Address:

1485 BOUGAINVILLEA AVE.
PORT ST LUCIE, FL 34953

New Mailing Address:

1485 SW BOUGAINVILLEA AVE.
PORT ST LUCIE, FL 34953

FEI Number: 55-0878522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, DWIGHT W
361 SW MAJESTIC TERRACE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELL, DWIGHT W
Address: 361 SW MAJESTIC TERRACE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP ( ) Delete
Name: LAWRENCE, JOHN D
Address: 7319 RESERVE CRK DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: BROWN, CARMEN V
Address: 1213 SW MARMORE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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.

SIGNATURE: JOHN D. LAWRENCE VP 02/15/2007

Electronic Signature of Signing Officer or Director — Date