2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000158082

1. Entity Name
CARTER'S HOMEWORK, INC.

Principal Place of Business	Mailing Address
2600 AURORA RD. SUITE L MELBOURNE, FL 32935	1660 WHITMAN DR WEST MELBOURNE, FL 32904

50001644

DO NOT WRITE IN THIS SPACE

02252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
35-2243551	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, STEVEN
486 N HARBOR CITY BLVD
MELBOURNE, FL 32935

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.
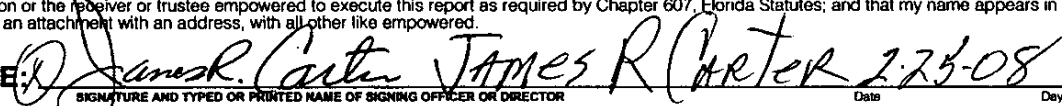
SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

TITLE	~~D~~	X Delete
NAME	~~CARTER, ROBYN~~	
STREET ADDRESS	~~1660 WHITMAN DR~~	
CITY-ST-ZIP	~~W. MELBOURNE, FL 32904~~	
TITLE	D	Add
NAME	James R Carter	
STREET ADDRESS	1660 Whitman Drive	
CITY-ST-ZIP	W. Melbourne FL 32904	

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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: *James R. Carter* James R Carter 2-25-08

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