2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096584

Entity Name: CARROLLWOOD CREAMERY INCORPORATED

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
14167 WADSWORTH ODESSA, FL 33556					13168 NORTH DALE MABRY HIGHWAY TAMPA, FL 336182406				
Current Mailing Address:					New Mailing Address:				
14167 WADSWORTH ODESSA, FL 33556					14167 WADSWORTH ODESSA, FL 335564303				
FEI Number:	20-3148987	FEI Number Ap	oplied For()	FEI Num	nber Not Appli	icable ()	Certifica	ite of Status D	esired()
Name and	Address of	Current Regist	ered Agent:		Name and	Address of	f New Reg	istered Age	ent:
RICCI, JASON A 14167 WADSWORTH ODESSA, FL 33556 US					RICCI, JASON A 5202 HALTATA COURT NEW PORT RICHEY, FL 34655 US				
	named entit of Florida.	y submits this sta	tement for the pu	rpose of	f changing it	s registered	d office or r	egistered ag	ent, or both,
SIGNATURE:					04/24/2006				
	Electr	onic Signature of	Registered Agen	ıt				Date	
Election Can	npaign Financ	ing Trust Fund Con	tribution ().						
OFFICERS	S AND DIRE	CTORS:			ADDITION	S/CHANGE	S TO OFF	ICERS AND	DIRECTORS
Title: Name: Address: City-St-Zip:	RICCI, JOE N 5202 HALTA				Title: Name: Address: City-St-Zip:		() Change(() Addition	
Title: Name: Address: City-St-Zip:	RICCI, JANE 5202 HALTA				Title: Name: Address: City-St-Zip:		()Change(() Addition	
Title: Name: Address: City-St-Zip:	RICCI, JASO 5202 HALTA				Title: Name: Address: City-St-Zip:		() Change(() Addition	
Title: Name: Address: City-St-Zip:	BYRNE, ROE	SWORTH DRIVE			Title: Name: Address: City-St-Zip:	D BYRNE, ROI 14167 WAD ODESSA, FL	SWORTH DR	IIVE	
Title: Name: Address: City-St-Zip:	BYRNE, CAT	SWORTH DRIVE			Title: Name: Address: City-St-Zip:	D BYRNE, CAT 14167 WADS ODESSA, FL	SWORTH DR	IIVE	

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: ROBERT J. BYRNE SCRY 04/24/2006