


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90027 036 \*\*\*550.00

<b>DOCUMENT # P05000107517</b> 1. Entity Name <b>CARMEN HOUSE, INC.</b>			
Principal Place of Business <b>526 COREY AVE ST PETE BEACH, FL 33706</b>		Mailing Address <b>526 COREY AVE ST PETE BEACH, FL 33706</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>7560 Bay Island drive</b> Suite, Apt. #, etc. <b>Antigua Bldg Apt 341</b> City & State <b>St. Petersburg FL</b> Zip <b>33707</b> Country <b>USA</b>	
City & State		4. FEI Number <b>59-3814100</b>	
Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>ANDERSON, PATRICIA F ESQ 7116 GULF BLVD STE D ST PETE BEACH, FL 33706</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS SLAVOV, ANIELA 7560 BAY ISLAND DRIVE APT 341 ST PETEERSBURG, FL 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE: <u>Aniela Slavov</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	



07052006 Chg-P CR2E034 (11/05)