


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90003 001 \*\*\*150.00  
08-28-2008 90003 002 \*\*\*\*\*8.75

<b>DOCUMENT # P07000019508</b>	
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1. Entity Name  
**CARTIER WEALTH INC.**

Principal Place of Business <b>6100 STEVENSON DRIVE #203 ORLANDO, FL 32835</b>	Mailing Address <b>6100 STEVENSON DRIVE #203 ORLANDO, FL 32835</b>
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**66016137**



08262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # <b>315 N Causeway E302</b>	3. Mailing Address <b>315 N Causeway E302</b>
Suite, Apt. # etc. <b>E302</b>	Suite, Apt. # etc. <b>E302</b>
City & State <b>New Smyrna Beach</b>	City & State <b>New Smyrna Beach</b>
Zip <b>32169</b>	Zip <b>32169</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CARTIER, MICHELLE A 6100 STEVENSON DRIVE #203 ORLANDO, FL 32835</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Michelle Cartier* DATE 8/24/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARTIER, MICHELLE A 6100 STEVENSON DRIVE #203 ORLANDO, FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>315 N Causeway - E302 New Smyrna Beach FL 32169</b> <input checked="" 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
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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 another like empowered.

SIGNATURE: *Michelle Cartier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/08 (386) 4028441  
Date Daytime Phone #