2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030342

Entity Name: CARLO ENTERPRISES INC

3138 HOUNDSWORTH CT #16

ORLANDO, FL 32837

Address: City-St-Zip: FILED Apr 30, 2008 Secretary of State

| Littly Na | IIIe. CARLOI | INTERFRISES INC | | | |
|---|---|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
| 106 NORTH GLEN AVE TAMPA, FL 33609 | | | | 410 NORTH DALE MABRY HWY TAMPA, FL 33609 | |
| Current Mailing Address: | | | New Mailing Add | New Mailing Address: | |
| 106 NORTH GLEN AVE TAMPA, FL 33609 | | | 410 NORTH DALE MABRY HWY TAMPA, FL 33609 | | |
| FEI Number | : 20-8669718 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Addres | Name and Address of New Registered Agent: | |
| CARLO, MARK 106 NORTH GLEN AVE TAMPA, FL 33609 US | | | | BOHN, TERI 410 NORTH DALE MABRY HWY TAMPA, FL 33609 US | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registe | ered office or registered agent, or both, | |
| SIGNATURE: TERI BOHN | | | | 04/30/2008 | |
| | Electron | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHAM | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | BOHN, TERI |) Delete CHMAN ROAD #720 t, FL 33765 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | O (CARLO, HELEI 1686 SAINT M/ DUNEDIN, FL | ARY DRIVE | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: | O (X CARLO, MARK |) Delete | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: TERI BOHN O 04/30/2008