2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053954

COLLEY, REED W

JACKSONVILLE, FL 32224 US

13901 SUTTON PARK DRIVE SOUTH SUITE 330

Name:

Address:

City-St-Zip:

Entity Name: CARBON DAYS, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	TTON PARK IVILLE, FL 32	DRIVE SOUTH SUITE 330 2224 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	TTON PARK IVILLE, FL 32	DRIVE SOUTH SUITE 330 2224 US			
FEI Number	: 26-0180530	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
JACKSON The above	TTON PARK IVILLE, FL 32 e named entity		ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.				
SIGNATURE: Electronic Signature of Registered Agent			unt .	 Date	
Election Car		ng Trust Fund Contribution ().	STIL.	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COLLEY, RE 13901 SUTTO) Delete ED W DN PARK DRIVE SOUTH SUITE 330 LE, FL 32224 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COLLEY, RE 13901 SUTTO) Delete ED W ON PARK DRIVE SOUTH SUITE 330 LE, FL 32224 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COLLEY, CA 13901 SUTTO) Delete THERINE A ON PARK DRIVE SOUTH SUITE 330 LE, FL 32224 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DIR () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RWC OWNE 03/12/2009