

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P08347**



1. Entity Name  
**CARSON HOLDINGS LIMITED, A LIBERIAN CORPORATION**

Principal Place of Business  
**1760 BRISTOL RD  
WARRINGTON, PA 18976 US**

Mailing Address  
**1760 BRISTOL RD  
P O BOX 160  
WARRINGTON, PA 18976 US**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-1523924</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HARRIS, STEPHEN B  
1060 MAITLAND CENTRE COMMONS  
SUITE 400  
MAITLAND, FL 32751**

**DO NOT WRITE  
IN THIS SPACE**

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: **Director**

1/8/07  
DATE

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000674274  
03/29/07-80064-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARMAN, R. S. L BOX 1022, CHURCH ST. W. HAMILTON, BERMUDA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEPOIDEVI, KEITH SUITE 8, BOROUGH HOUSE, RUE DE PRE ST. PETER PORT GUERNSEY, cy1 3qu
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MADHVANI, MAYUR M BOX 51148, MAMA NGINA ST NAIROBI, KENYA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, S A CENTURY HSE 16 PAR-LA-VILLE RD HAMILTON, BERMUDA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, STEPHEN B 1760 BRISTOL RD PO BOX 160 WARRINGTON, PA 18976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: **Director**

1/8/07 215 343 9000  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR