


FILED
May 12, 2008 8:00 am
Secretary of State

04-14-2008 90071 038 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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
--	---

66010464



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1523924	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 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: Stephen B Harris Date: 5/4/08 25313 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN B HARRIS