## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 13, 2004 8:00 am Secretary of State

	ANNOAL	KLFOKI	<u> </u>		•	Sacrat	o ra	of St	a ta	
DOCUMENT # P15520					Secretary of State					
1. Entity Name CARLETON TECHNOLOGIES, INC.						02-13-2004	1 90007	020 ***150	0.00	
CARLET	*	A Company of the Comp								
	*1 \$ *	gera i indi	CO00 1	TTVS .						
Principal Plac		Mailing Address							11.55	
3910 RIGA B Sabel Indus Tampa, FL 3	STRIAL PARK	ORCHARD PARK, NY 1		استو والا	Company of the second	दार्श्यक कर्मन्यु है। असी का दे		Super of Subsection of	<b>* =</b> 44	
<b>A</b> 50 1 1 5	N. C.	T	<u> </u>							
	lace of Business  US Highway 301 N	3. Mailing Address	•				ii bibii bibii b			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		01132004	Chg-P	CR2E	034 (10/03)		
City & Stat	~ ·	City & State			4. FEI Number				plied For	
Zip	Country	Zip	Country		16-1303	3637			t Applicable	
336 ic		Σήν	Oddriay		5. Certificate of	of Status Desired		\$8.75 Addi		
		7. Name and Address of New Registered Agent								
CT CORPORATION SYSTEM				Name						
1200 S. PI PLANTATI	Street A	Street Address (P.O. Box Number is Not Acceptable)								
				•			•			
			City				FL	Zip Code	•	
	named entity submits this statement folions of registered agent.	if the purpose of changing its	registered office o	r registere	ed agent, or both	n, in the State of FI	lorida. I am	familiar with,	and accept	
SIGNATURE										
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signa	iture required	when reinstating)		DATE			
		2.51.11.0		<b></b>						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont			00 May Be ed to Fees	,				
10.	OFFICERS AND	Delete Delete	11.	1	ADDITIONS/I	CHANGES TO OF	FICERS AN	DIRECTORS  Change	Addition	
NAME	CAWDERY, PADRAIG H	NAME					LE CHANGE	Addition		
STREET ADDRESS	10 COBHAM DRIVE	STREET ADDRESS								
CITY-ST-ZIP	ORCHARD PARK, NY 14127		CITY-ST-ZIP 1							
TITLE	SD ARMENAT, F E	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	10 COBHAM DR		NAME STREET ADDRESS							
CITY-ST-ZIP	ORCHARD PARK, NY 14127		CITY-ST-ZIP							
TITLE	D	. TITLE	0	James	m1		_ 🛦 Change _	, Addition		
NAME STREET ADDRESS	ZIGEL, JAMES M	NAME Street Address	2029	wildwood	Lakes St.					
CITY-ST-ZIP	4457 ABBOT RD ORCHARD PARK, NY 14127		CITY-ST-ZIP	Hend	erson, NV	89052				
TITLE	D	☐ Delete	TITLE					<b>₹</b> Change	Addition	
NAME	YARBOROUGH, WILLIAM G		NAME	yarb	prough, w	illiam G Rd, svite	1019	,-	•••	
STREET ADDRESS	8000 TOWERS CRESENT DR.		STREET ADDRESS	68.8	Fleetwood	Ra Suite	, ,			
CITY-ST-ZIP	VIENNA, VA 22182		CITY-ST-ZIP	McLe	an, VA a	u 10 1	V-A	(D) (he	□ <b>4</b> J.2011-	
TITLE NAME	COOK, ALAN .	☐ Delete	NAME	Cook	Allan			Change	☐ Addition	
STREET ADDRESS	COBHAM PLC BROOK RD		STREET ADDRESS	Cosh	m PLC B	rock Rd.		20 <b>.</b> T		
CITY-ST-ZIP	WINBORNE, DORSET, EG bh2	1 2bj	CITY-ST-ZIP	wim	borne, Do	rset, UK	KH21			
TITLE		☐ Delete	TITLE		•			☐ Change	☐ Addition	
NAME STREET ADDRESS		•	NAME STREET ADDRESS					•		
CITY-ST-ZIP			CITY-ST-ZIP							
12. I hereby	certify that the information supplied wit	n this filing does not qualify fo	r the exemption sta	ated in Se	ction 119.07(3)(i	), Florida Statutes.	I further ce	ertify that the in	formation	
indicated of the co	d on this report or eappremental report i rporation or the receiver or trustee emp i, or on an attrichment with an address,	s true and accurate and that rowered to execute this report	my signature shall I as required by Ch	nave the s apter 607	same legal effect ' Florida Statute:	t as it made under s; and that my nan	oath; that ine appears	am an officer in Block 10 or	or director Block 11 if	
changed	l, or on an attachment with an address,	with all other like empowered	l.		,					
SIGNAT	TURE: A (140)	Donne	•		2/5	104				
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR			P bate		Daytime Phone #		