2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jun 30, 2006 8:00 am **Secretary of State DOCUMENT # P93000042520** 06-30-2006 90001 016 ***158.75 1. Entity Name CARLY COMPANY, INC. Principal Place of Business Mailing Address 4000144 14824 ENCLAVE PRESERVE CIR 14824 ENCLAVE PRESERVE CIR DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 06272006 CR2E034 (11/05) Cha-P Applied For 4. FEI Number 65-0418922 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABELSON, WARREN 14824 ENCLAVE PRESERVE CIR, C-4 DELRAY BEACH, FL 33484 The above named entity submits this the obligations of registered agent. the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be in accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE Change Addition ABELSON, WARREN NAME NAME 14624 ENCLAVE PRESERVE CIR, C-4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH; FL 334847 CITY-ST-ZIP TITLE ☐ Delete TITLE ABELSON, MARY A NAME NAME STREET ADDRESS -14824 ENCLAVE PRESERVE CIR, C-4 STREET ADDRESS CITY-ST-ZIP DELRAY-BEACH, FL 33484 CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ampearance to execute this report as required by Chapter 607, Florida Statutes; and that my name appearance lock 11 in Block 11 in Block 10 or Block 11 in Block 11 in Block 10 or Block 11 in Block 11 in Block 10 or Block 11 in Bl changed, or on an attachment

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED