

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000057841

FILED
Apr 05, 2004
Secretary of State

Entity Name: CAROSELL PRODUCTIONS, INC.

Current Principal Place of Business:

19 OLD KINGS RD N
STE C-107
PALM COAST, FL 32137 US

New Principal Place of Business:

3 COMMERCE BLVD
STE 2A
PALM COAST, FL 32146 US

Current Mailing Address:

19 OLD KINGS RD N
STE C-107
PALM COAST, FL 32137 US

New Mailing Address:

3 COMMERCE BLVD
STE 2A
PALM COAST, FL 32164 US

FEI Number: 59-3199197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARO, CORRIS M
2 CARLSON LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CARO, CORRIS M
Address: 2 CARLSON LANE
City-St-Zip: PALM COAST, FL

Title: VTD () Delete
Name: CARO, SAUL M
Address: 2 CARLSON LANE
City-St-Zip: PALM COAST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: CORRIS M. CARO

PSD

04/05/2004

Electronic Signature of Signing Officer or Director

_____ Date