

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064703

Entity Name: CONNORS CARRIAGE, INC.

FILED
Jan 14, 2007
Secretary of State

Current Principal Place of Business:

270 PARK AVENUE
SATELLITE BEACH, FL 329373017 US

New Principal Place of Business:

389 BERKELEY STREET
SATELLITE BEACH, FL 329375214 US

Current Mailing Address:

PO BOX 410504
MELBOURNE, FL 329410504 US

New Mailing Address:

PO BOX 254402
PATRICK A.F.B., FL 329254402 US

FEI Number: 59-3202074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LETOURNEAU, BEE
PO BOX 410504
SATELLITE BEACH, FL 329373017 US

Name and Address of New Registered Agent:

LETOURNEAU, BEE
389 BERKELEY STREET
SATELLITE BEACH, FL 329375214 US

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:

01/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: LMT () Delete
Name: LETOURNEAU, BEE
Address: 270 PARK AVENUE
City-St-Zip: SATELLITE BEACH, FL 329373017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CMT (X) Change () Addition
Name: LETOURNEAU, BEE
Address: 389 BERKELEY STREET
City-St-Zip: SATELLITE BEACH, FL 329375214

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BEE LETOURNEAU

MRS.

01/14/2007

Electronic Signature of Signing Officer or Director

Date