


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90072 024 \*\*\*150.00

<b>DOCUMENT # P93000084257</b>		
1. Entity Name <b>THE CARLYLE GROUP, INC.</b>		

Principal Place of Business <b>3870 B. SHERIDAN STREET HOLLYWOOD, FL 33021</b>	Mailing Address <b>11450 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025</b>
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2. Principal Place of Business - No P.O. Box # <b>No Miami Beach FL 33181</b>		3. Mailing Address <b>33181</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01102008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0451097</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PHYLLIS SHAFER, PRES 3870 B. SHERIDAN STREET HOLLYWOOD, FL 33021</b>	
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7. Name and Address of New Registered Agent <b>MARTIN SHAFER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>13899 Biscayne Blvd. Ste 308</b>	
City <b>N. Miami Beach</b>	Zip Code <b>FL 33181</b>

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. <b>SIGNATURE: Martin Shaffer</b> <b>DATE: 3-11-08</b>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SHAFER, PHYLLIS</b>	
STREET ADDRESS <b>3870 B. SHERIDAN STREET</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>SHAFER, MARTIN</b>	
STREET ADDRESS <b>3870 B. SHERIDAN ST</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Shaffer, Phyllis</b>	
STREET ADDRESS <b>13899 Biscayne Blvd. Ste 308</b>	
CITY-ST-ZIP <b>N. Miami Beach FL 33181</b>	
TITLE <b>PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Shaffer, Martin</b>	
STREET ADDRESS <b>13899 Biscayne Blvd, Ste 308</b>	
CITY-ST-ZIP <b>N. Miami Beach FL 33181</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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.

<b>SIGNATURE:</b> <b>Martin Shaffer</b>	<b>DATE:</b> <b>3-11-08</b>	<b>DAYTIME PHONE #:</b> <b>305-947-9947</b>
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