2007 FOR PROFIT CORPORATION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Feb 14, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P94000023737 1. Entity Name 02-14-2007 90054 019 ***150.00 CARRIER EQUIPMENT, INC. Principal Place of Business Mailing Address 915 MIDDLE RIVER DR 915 MIDDLE RIVER DR **STE 414 STE 414** FORT LAUDERDALE, FL 33304-3561 US FORT LAUDERDALE, FL 33304-3561 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 65-0489267 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Byron A. dress (P.O. Box Number is Not Acceptable BUOBY, PHILIP F 915 MIDDLE RIVER DR **STE 414** FORT LAUDERDALE, FL 33304-3561 Zip Code **733**04-Fort Lander date . 71. 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. BARON BUSBY am - UP/D 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition BUSBY, FRANCES B NAME NAME 2025:SUNRISE KEY BLVD STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP VΡ TITLE Delete TITLE Change ☐ Addition BUSBY, PHILIP F NAME NAME 2025 SUNRISE KEY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33304 CITY-ST-7IP TITLE TITLE ☐ Delete Addition NAME BUSBY, BYRON A NAME STREET ADDRESS 2733 NE 34TH ST STREET ADDRESS FORT LAUDERDALE, FL 33306 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

TITLE

NAME

Change

☐ Addition

☐ Delete

FRANCES B. Busby

STREET ADDRESS

CITY-ST-ZIP