## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000033624

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: HEAD, THOMAS

1293 NO. MCMULLEN BOOTH

( ) Delete

CLEARWATER, FL 33759

FILED Apr 21, 2008 Secretary of State

Entity Nai	me: CAROL	NOITAIVA ANI.	I, INC.					
Current Principal Place of Business:				New Prin	New Principal Place of Business:			
	ERGREEN A ATER, FL 34							
Current Mailing Address:				New Mailing Address:				
138 N. MC SUITE B BRANDON	OON AVE N, FL 33510	US						
FEI Number:	: 20-1739930	FEI Number	Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired	d()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
SELBY, JC 2888 LACC CLEARWA		.622 US						
The above in the State	named entit e of Florida	y submits this s	statement for the p	ırpose of changing	its registere	d office or registered agent, o	or both,	
SIGNATU	RE:							
	Electr	onic Signature	of Registered Age	nt		Date		
Election Car	npaign Financ	ing Trust Fund C	ontribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD SELLERS, Jo 138 NO. MOO BRANDON, F	ON AV.STE B		Title: Name: Address: City-St-Zip:	TD SELLERS, 4 138 NO. MO BRANDON,	OON AV.STE B		
Title: Name: Address: City-St-Zip:	SELBY, JOH 2888 LACON			Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition HN W NCHA DRIVE ER, FL 34622		
Title:	VD	( ) Delete		Title:	PD	(X) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify 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

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

HEAD, THOMAS

SD

3139 SHORELINE DR

CLIPPARD, ROBERT

TRINITY, FL 34655

9933 BALSARIDGE CT

CLEARWATER, FL 33760

( ) Change (X) Addition

SIGNATURE: JOHN G SELLERS TD 04/21/2008

above, or on an attachment with an address, with all other like empowered.