

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000035784

FILED
Apr 29, 2005
Secretary of State

Entity Name: CARRIAGE AUTO CONSULTANTS, INC.

Current Principal Place of Business:

348 KNOB HILL BLVD.
BOCA RATON, FL 33431 US

New Principal Place of Business:

411 WALNUT ST.
2992
GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address:

348 KNOB HILL BLVD.
BOCA RATON, FL 33431 US

New Mailing Address:

411 WALNUT ST.
2992
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 65-0489710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFOID, THOMAS
348 KNOB HILL BLVD
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FL 33134 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: AMERILAWYER

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COFOID, THOMAS
Address: 348 KNOB HILL BLVD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COFOID, THOMAS
Address: 411 WALNUT ST. # 2992
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: THOMAS COFOID

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date