


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000019170 1. Entity Name LOGAN CAROLINA PLACE REALTY CORP.	
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Principal Place of Business 500 N. BROADWAY, STE. 238 JERICHO, NY 11753 US	Mailing Address SEAMAN PARTNERS 500 N. BROADWAY, SUITE 238 JERICHO, NY 11753 US
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03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3302046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KETTLE, MICHAEL C/O ROOMS TO GO 11540 HIGHWAY 92 EAST4 SEFFNER, FL 33584

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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000913757 05/08/08-80028-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEAMAN, JULIE 500 N. BROADWAY, STE. 238 JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, LEWIS 500 N. BROADWAY, STE. 238 JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINKEL, JEFFERY 500 N. BROADWAY, STE. 238 JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> LEWIS STEIN Esq	Date 4/18/08	Daytime Phone # 813 613 5400
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