


FILED  
Jul 29, 2005 8:00 am  
Secretary of State

07-06-2005 90034 016 \*\*\*158.75

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P95000039307</b>			
1. Entity Name 8989 CARLYLE CORPORATION			
Principal Place of Business 244 SHOPPING AVE 320 SARASOTA, FL 34237 US		Mailing Address 244 SHOPPING AVE 320 SARASOTA, FL 34237 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0594907		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		06292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LAFONTISEE, LOUIS L JR 3121 COMMODORE PLAZA #301 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name: James W. Dodds Street Address (P.O. Box Number is Not Acceptable): 244 Shopping Ave # 320 City: Sarasota FL Zip Code: 34237	
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: James W. Dodds DATE: 6/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. If not a Registered Agent signature required when renewing.</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DODDS, JAMES W 244 SHOPPING AVE, #320 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: James W. Dodds <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 6/29/05 DAYTIME PHONE #: 941-346-3700	

ATTACHMENT

66025211

244 Shopping Avenue  
#320  
Sarasota, Fl. 34237

## 8989 Carlyle Corporation

July 4, 2005

Florida Department Of State  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Document P95000039307  
FEI Number 65-0594907

To Whom It May Concern:

On June 29, 2005, we received a notice of Intent To Dissolve from you. We immediately mailed in the payment for the annual renewal.

On July 23, 2005 we received an additional notice from you stating that we still owed you for the late fee.

Since we did not receive the original notice, and we paid promptly upon receipt of your Intent To Dissolve, we urge you to waive the late penalty.

Please note that we have a second Corporation with the same address for which we also failed to receive your original renewal notice.

Sincerely,

  
Lisa Dodds