## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**FILED** Feb 02, 2007 08:00 AM Secretary of State

<b>DOCUMENT</b>	# P95000042605
# Carle Lines	

INFORMATION SEARCH INC.

Principal Place of Business

2929 BIARRITZ DRIVE

PALM BEACH GARDENS, FL 34410-1419 US

Mailing Address

PO BOX 33657

PALM BEACH GARDENS, FL 33420-3657 US



01062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0593896

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name a	nd Address o	of Current Re	gistered Agent

NEWMAN, BURTON E 2929 BIARRITZ DRIVE

## DO NOT WRITE

PALM BEACH GARDENS, FL 33410		IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Requirement	Agent signature	s required when reinstating)	DAIE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	<u> </u>
10.	OFFICERS AND DIREC	TORS [		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD / NEWMAN, BURTON E 2929 BIARRITZ DRIVE PALM BEACH GARDENS, FL 33410				
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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, of account internal methods and in address, with all other like ampowered.

NAME STREET ADORESS CITY-ST-ZIP