2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064767

Entity Name: CARLTON JEWELERS & COMPANY

FILED Feb 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6767 N WICKHAM RD. 2261 TOWN CENTER AVE

SUITE 400 SUITE 139

MELBOURNE, FL 32940 US MELBOURNE, FL 32940 US

Current Mailing Address: New Mailing Address:

2261 TOWN CENTER 6767 N WICKHAM RD.

SUITE 139 SUITE 400

MELBOURNE, FL 32940 US MELBOURNE, FL 32940 US

FEI Number: 65-0606983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLACKWICH, ALAN S SR 2770 INDIAN RÍVER BLVD. STE 501 VERO BEACH, FL 32960

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ESPLING, CARL F ESPLING, MARY M Name: Name: 3150 NORTH A1A APT. 501 NORTH 321 TUSCANY WAY 306 Address: Address:

City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: MELBOURNE, FL 32940

Title: STD Title: STD (X) Change () Addition () Delete Name: ESPLING, KAREN S Name: ESPLING, KAREN S

3150 NORTH A1A APT. 501 NORTH 5772 NEWBURRY CRT Address: Address: FORT PIERCE, FL 34949 MELBOURNE, FL 32940 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete SMITH, VERNON D SMITH, VERNON D Name: Name:

3150 NORTH A1A APT. 501 NORTH 1600 S. FEDERAL HWY 3RD FLOOR Address: Address:

City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34950

Title: () Delete Title: СН () Change (X) Addition

SMITH, BRENDA Name: Name:

Address: Address: 1600 S. FEDERAL HIGHWAY 3RD FLOOR

City-St-Zip: City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M. ESPLING **PRES** 02/01/2006