2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 18, 2007 08:00 AM Secretary of State **DOCUMENT # P95000092100** 1. Entity Name CARÉY O'DONNELL, INC. Principal Place of Business Mailing Address 477 SO. ROSEMARY AVE 477 SO. ROSEMARY AVE STE 319 STE 319 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0641193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARRY, STEPHEN C DO NOT WRITE 222 LAKEVIEW AVENUE **SUITE 1630** IN THIS SPACE WEST PALM BEACH, FL 33401 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000591045 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 01/19/07-80008-001 150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME O'DONNELL, CAREY 222 LAKEVIEW AVE PH-1 STREET ADDRESS CITY-ST-ZIP WEST PALM BCH, FL 33401

DO NOT WRITE IN THIS SPACE

12.	I hereby o	certify that the information supplied with this filing	g does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information
			accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director
			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 oth	ner like empowered.

TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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REY O'DONNELL 1/11/07 541832-323