2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000017836

Entity Name: CAREY ELEVATOR, INC.

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5881 SW 21 STREET 5001 S. UNIVERSITY DRIVE HOLLYWOOD, FL 330233008 US

DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

5881 SW 21 STREET 5001 S. UNIVERSITY DRIVE HOLLYWOOD, FL 330233008 US

DAVIE, FL 33328 US

FEI Number: 65-0641392 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:

CAREY, DANIEL L 1602 S.W. 159TH AVENUE DAVIE, FL 33326

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:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

() Delete

() Delete

OFFICERS AND DIRECTORS:

DV

DP

CAREY, DANIEL

CAREY, DANIEL

6700 GRIFFIN ROAD

DAVIE, FL 33314 US

6700 GRIFFIN ROAD

DAVIE, FL 33314 US

CAREY, MICHELLE

6700 GRIFFIN ROAD

DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

CAREY, DANIEL Name:

5001 S. UNIVERSITY DRIVE Address: City-St-Zip: DAVIE, FL 33328 US

Title: DV (X) Change () Addition

Name: CAREY, DANIEL

5001 S. UNIVERSITY DRIVE Address: DAVIE, FL 33328 US City-St-Zip:

Title: (X) Change () Addition DP

CAREY, MICHELLE Name: 5001 S. UNIVERSITY DRIVE Address: City-St-Zip: DAVIE, FL 33328 US

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL L. CAREY DV 04/28/2007