


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90314 046 ***158.75

DOCUMENT # P96000026204

1. Entity Name
CAROMAC, INC.



Principal Place of Business
**760 E OCEAN AVENUE
APT 304-N
BOYNTON BEACH FL 33436
US**

Mailing Address
**760 E OCEAN AVENUE
APT 304-N
BOYNTON BEACH FL 33436
US**



2. Principal Place of Business
512 WINDGENE
Suite, Apt. #, etc.

3. Mailing Address
512 WINDGENE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
UMATILLA FLORIDA

City & State
UMATILLA FLORIDA

Zip
32784 Country
LAKE

Zip
32784 Country
LAKE

4. FEI Number
59-3367470 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCINERNEY, CAROL J
760 E OCEAN AVENUE
APT 304-N
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent
Name
CAROL J. MCINERNEY
Street Address (P.O. Box Number is Not Acceptable)
512 WINDGENE
City
UMATILLA FL Zip Code
32784

8. I, 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 *Carol J. McInerney*
CAROL J. MCINERNEY DATE **1-20-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P. MCINERNEY, CAROL J 760 E OCEAN AVENUE, APT 304-N BOYNTON BEACH FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT CAROL J. MCINERNEY 512 WINDGENE UMATILLA, FLORIDA 32784
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"/> Change <input type="checkbox"/> Addition	
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"/> 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: *Carol J. McInerney - Pres.*
CAROL J. MCINERNEY DATE **1-20-03** Daytime Phone # **1-800-822-1408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)