


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	
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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
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2. Principal Place of Business 512 WINDGENE Suite, Apt. #, etc.	3. Mailing Address 512 WINDGENE Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State UMATILLA, FLORIDA	City & State UMATILLA, FLORIDA
Zip 32784	Country LAKE

4. FEI Number 59-3367470	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <input type="checkbox"/> Delete MCINERNEY, CAROL J 760 E OCEAN AVENUE, APT 304-N BOYNTON BEACH FL 33436	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)