

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90458 030 \*\*\*158.75

<b>DOCUMENT # P96000091389</b>																																																																																																																																			
<b>1. Entity Name</b> BRIGHT STAR CARRIERS INC.																																																																																																																																			
<b>Principal Place of Business</b> 150 W. STATE RD. 546 LAKE HAMILTON, FL 33851			<b>Mailing Address</b> P.O. BOX 1477 HAINES, FL 33845																																																																																																																																
<b>2. Principal Place of Business</b> 150 Kokomo RD		<b>3. Mailing Address</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
<b>City &amp; State</b> Lake Hamilton FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3410014																																																																																																																															
<b>Zip</b> 33851		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>  PEARCE, PATTY 150 W. STATE RD. 546 W. LAKE HAMILTON, FL 33851			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 150 KOKOMO RD. City <b>Lake Hamilton</b> <b>FL</b> <b>Zip Code 33851</b>																																																																																																																																
<b>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 the obligations of registered agent.</b>																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00																																																																																																																																			
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">V MULLEN, KIMBERLY 56 S KDMORE RD. 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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>																																																																																																																																			
<b>SIGNATURE:</b> <u>Patty Pearce</u>																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			
Date <u>4/14/06</u> Daytime Phone # <u>863-439-7691</u>																																																																																																																																			