2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# P96000092690

Entity Name: CARIFLOR CORP.

Current Principal Place of Business:

2614 SW 38TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

1797 FOUR MILE COVE PKWY
APT 1021
CAPE CORAL, FL 33990

Current Mailing Address:

2614 SW 38TH TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

1797 FOUR MILE COVE PKWY
APT 1021
CAPE CORAL, FL 33990

FEI Number: 65-0714870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDT, HENRY
2614 SW 38TH TERRACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

SCHMIDT, HENRY
1797 FOUR MILE COVE PKWY
APT 1021
CAPE CORAL, FL 33990 US

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: HENRY SCHMIDT 04/22/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SCHMIDT, HENRY
Address: 2614 SW 38TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: DVP ( ) Delete
Name: SCHMIDT, GABRIELE
Address: 2614 SW 38TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SCHMIDT, HENRY
Address: 1797 FOUR MILE COVE PKWY APT 1021
City-St-Zip: CAPE CORAL, FL 33990

Title: DVP (X) Change ( ) Addition
Name: SCHMIDT, GABRIELE
Address: 1797 FOUR MILE COVE PKWY APT 1021
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY SCHMIDT P 04/22/2007
Electronic Signature of Signing Officer or Director Date