

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092776

Entity Name: CARSMETICS, INC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

3030 NORTH ROCKY POINT DRIVE WEST
SUITE 720
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3030 NORTH ROCKY POINT DRIVE WEST
SUITE 720
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3409365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUNN, STEPHEN S
19222 GULF BLVD
605
INDIAN SHORES, FL 33785 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUNN, STEPHEN S CEO
Address: 19222 GULF BLVD., #605
City-St-Zip: INDIAN SHORES, FL 33785

Title: V () Delete
Name: LOCKHART, ROBERT A COO
Address: 4284 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: TS () Delete
Name: COVERDILL, JOSEPH P CFO
Address: 700 S. HARBOUR ISLAND BLVD. #211
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DUNN, STEPHEN S COO
Address: 19222 GULF BLVD., #605
City-St-Zip: INDIAN SHORES, FL 33785

Title: P (X) Change () Addition
Name: LOCKHART, ROBERT A CEO
Address: 4284 COVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH P COVERDILL

TS

01/22/2007

Electronic Signature of Signing Officer or Director

_____ Date