

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000000487

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** CARLSSON MANAGEMENT ENTERPRISES, INC.

**Current Principal Place of Business:**

793 NORTH LAFAYETTE WAY  
INVERNESS, FL 344533663

**New Principal Place of Business:**

793 NORTH LAFAYETTE WAY  
INVERNESS, FL 34453 US

**Current Mailing Address:**

793 NORTH LAFAYETTE WAY  
INVERNESS, FL 344533663

**New Mailing Address:**

793 NORTH LAFAYETTE WAY  
INVERNESS, FL 34453 US

**FEI Number:** 59-3486800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSSON, A. JOHNY  
793 NORTH LAFAYETTE WAY  
INVERNESS, FL 344533663 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CARLSSON, A. JOHNY  
Address: 793 NORTH LAFAYETTE WAY  
City-St-Zip: INVERNESS, FL 344533663

Title: VTD  
Name: CARLSSON, RAIJA A  
Address: 793 NORTH LAFAYETTE WAY  
City-St-Zip: INVERNESS, FL 344533663

I hereby 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 all other like empowered.

SIGNATURE: JOHNY CARLSSON

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date