2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032114

Entity Name: CAROLCOEUR, INC.

FILED Jan 24, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 5888 S.W. 77 TERRACE
 234 SAN REMO DRIVE

 SOUTH MIAMI, FL 33143
 JUPITER, FL 33458

Current Mailing Address: New Mailing Address:

 5888 S.W. 77 TERRACE
 234 SAN REMO DRIVE

 SOUTH MIAMI, FL 33143
 JUPITER, FL 33458

FEI Number: 65-0826436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VIAU, CAROL
5888 SW 77 TERRACE
SOUTH MIAMI, FL 33143 US

VIAU, CAROL
234 SAN REMO DRIVE
JUPITER, FL 33458 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: 01/24/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

 Name:
 VIAU, CAROL
 Name:
 VIAU, CAROL

 Address:
 5888 SW 77 TERRACE
 Address:
 234 SAN REMO DRIVE

City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: JUPITER, FL 33458

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 VIAU, J. PAUL
 Name:
 VIAU, J. PAUL

 Address:
 5888 SW 77 TERRACE
 Address:
 234 SAN REMO DRIVE

 City-St-Zip:
 SOUTH MIAMI, FL 33143
 City-St-Zip:
 JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL S. VIAU PSTD 01/24/2004