

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000044277

FILED
Apr 27, 2006
Secretary of State

Entity Name: MICHAEL S. CARRIER & ASSOCIATES, INC.

Current Principal Place of Business:

915 EUCLID AVE
ORLANDO, FL 32806

New Principal Place of Business:

854 WOOD BRIAR LOOP
LAKE FOREST, FL 32771

Current Mailing Address:

915 EUCLID AVE
ORLANDO, FL 32806

New Mailing Address:

854 WOOD BRIAR LOOP
LAKE FOREST, FL 32771

FEI Number: 59-3517027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRIER, MIKE
915 EUCLID AVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

CARRIER, MIKE
854 WOOD BRIAR LOOP
LAKE FOREST, FL 32771 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARRIER, MICHAEL S
Address: 915 EUCLID AVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARRIER, MICHAEL S
Address: 854 WOOD BRIAR LOOP
City-St-Zip: LAKE FOREST, FL 32771

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: MIKE CARRIER

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date