2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an

SIGNATURE:

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P98000053796 1. Entity Name 04-17-2008 90010 029 ***150.00 CARNEY CORPORATION Principal Place of Business Mailing Address 6913 HARNEY RD 6913 HARNEY RD **TAMPA FL 33617 TAMPA FL 33617** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 0604 HALLOY Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 59-3524596 Not.Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent CARNEY, DANIEL Street Address (P.O. Box Number is Not Acceptable) 305 BRYAN OAK AVENUE **BRANDON FL 33511** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of prigred name of registered rigent and titls. I applicable. (NOTE Registered Agent aignature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition CARNEY, DANIEL NAME STREET ADDRESS 6913 HARNEY RD STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME CARNEY, SEAN NAME STREET ADORESS 6913 HARNEY RD STREET ADDRESS TAMPA FL 33617 CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE Addition NAME CARNEY, SEAN NAME STREET ADDRESS STREET ADDRESS 6913 HARNEY ROAD CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change Addition CARNEY, DANIEL NAME NAME 6913 HARNEY RD STREET ADDRESS STREET ADDRESS TAMPA FL 33617 CITY-ST-282 CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME МДВИГ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information of strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 12. Thereby certify that the information supplied with indicated on this report or supplemental rep of the corporation or the receiver or truste

er like empowered.

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