
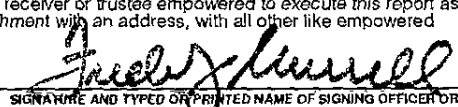


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000010826 1. Entity Name CARBON DEVELOPMENT CORPORATION					
Principal Place of Business 1401 MANATEE AVE W. SUITE 910 BRADENTON FL 34205			Mailing Address 1401 MANATEE AVE W. SUITE 910 BRADENTON FL 34205		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0891607	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MURRELL, FREDERICK J 1401 MANATEE AVE W. SUITE 910 BRADENTON FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
DATE			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
DP <input type="checkbox"/> Delete MURRELL, FREDERICK J 1401 MANATEE AVE. WEST #910 BRADENTON FL 34203			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 			Date 4/21/2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 941-747-263		