2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

06 SEP 18 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042754

1. Entity Name
CAROLYN CASEY, INC.

Principal Place of Business	Mailing Address
2800 N FLAGLER DR #906 WEST PALM BEACH, FL 33407	2800 N FLAGLER DR #906 WEST PALM BEACH, FL 33407

09122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1617 N. Flagler Dr. Suite, Apt. #, etc. #803	same Suite, Apt. #, etc.
City & State W. Palm Beach, FL	City & State
Zip: 33407 Country: USA	Zip Country

4. FEI Number 59-3578108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000	Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL 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: Bart H. Fleet 9-12-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CASEY, CAROLYN M ~~2800 N FLAGLER DR # 906~~ WEST PALM BEACH, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500080005445 09/20/06--01057--006 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1617 N. Flagler Dr. #803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BAR