2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # S24732 1. Entity Name CAR DOME, INC.					03-31-2008 90017 047 ***150.						50.00	
Principal Place of Business 18001 OLD CUTLER RD 18001 OLD CUTLER RD, #47. SUITE 472 PALMETTO BAY, FL 33157 Mailing Address 18001 OLD CUTLER RD., #47. PALMETTO BAY, FL 33157												
	ce of Business - No P.O. Box # Comiro Street , etc.	3. Mailing Address 12630 Ran Suite, Apt. #, etc.	12630 Ramiro STA			03252008 Chg-P CR2E034 (12/06)						
Zip	GABLES FL Country	Country Zip Cour			4. FEI Number 65-0239298 5. Certificate of Status Desired				Applied For Not Applicable			
33156	6. Name and Address of Current Registered Agent		<u> </u>			7 Name	and Addra	of Now		Require	d	
	U. Name and Address of Current	registered Agent	_	7. Name and Address of New Registered Agent Name								
GOTTLIEB, MICKEY 18001 OLD CUTLER RD SUITE 472 PALMETTO, FL 33157					Street Address (P.O. Box Number is Not Acceptable)							
7 Active 170, 12 33137					30 1	Ram	00 5	TREE!	-			
					2630 Ramiro STREET V Coral Gables FL Zip Code 33156							
the obligation	named entity submits this statement to ins of registered agent dignature, typed or plantature of registered agent	Tell !	4		_	ed agent, o	Ma	State of F	Plorida. I am famili 27, 200 DATE		and accept	
	NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Cont	-	cing		00 May B	3					
10,	OFFICERS AND DIRECTORS 11.						NS/CHANC	SES TO OF	FICERS AND DIR	ECTOR	3 IN 11	
NAME STREET ADDRESS	CEO GOTTLIEB, MICKEY 1800 OLD CUTLER RD., #472 PALMETTO BAY, FL 33157				(126	eestdent OTTLIEB MICKEY 2630 RAMIRE: STREET OTAL GABLES FL 33156					Addition	
TITLE NAME STREET ADDRESS	VP COTELLESE, MICHAEL 18001 OLD CUTLER RD., #472 PALMETTO BAY, FL 33157	X Delete			Core	<u>ir G</u> /	+RCe 2	76		Change	☐ Addition	
NAME STREET ADDRESS	CANCEL, DELIA V 18001 OLD CUTLER RD., #472									Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP									Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP										Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby ce	ertify that the information supplied with	Delete	CHTY-	ET ADDRESS ST-ZIP	ontained	in Chapte	119. Florid	a Statutes		Change at the in	Addition .	

2. Thereby certay that the information supplied with this hing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certay that the information indicated on this report or supplemental report is rule 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:

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mickey Gornieb

March 27, 2008