2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23503

SPRAGUE, TROY,

TAMPA, FL

13920 SHADY SHORES DRIVE

Name:

Address:

City-St-Zip:

Entity Name: FRIENDS OF CARLOTA, INC

FILED Jan 17, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1904 EAST BUSCH BLVD. TAMPA, FL			1904 EAST BUSCH BLVD. TAMPA, FL 33612		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1904 EAST BUSCH BLVD. TAMPA, FL			1904 EAST BUSCH BLVD. TAMPA, FL 33612		
FEI Number	: 65-0324235	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
SPRAGUE, PATRICK F. 1904 EAST BUSCH BLVD. TAMPA, FL US				SPRAGUE, PATRICK F. 1904 EAST BUSCH BLVD. TAMPA, FL 33612 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:				01/17/2007	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (JESKE, PAUL 8617 BONNIE ODESSA, FL	COVE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (JESKE, CHARI 8617 BONNIE ODESSA, FL	COVE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SPRAGUE, PA) Delete TRICK F., SHORES DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICK F. SPRAGUE STD 01/17/2007