No. <b>C 153819</b>		Due no later than Mar 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		WILLIAM CONNOLLY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CAREFREE WILLIAM C 110 MCGHE	1. Mailing Address: Correct in this box if needed.  CAREFREE GUTTERS, INC.  WILLIAM CONNOLLY  110 MCGHEE RD  SANDPONT ID 83864		110 MCGHEE RD SANDPONT ID 83864  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	:						
4. Corporations: Enter Names ar	nd Business Addresses	of President, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name	e	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT WILL	RESIDENT WILLIAM CONNOLLY		SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of	: 6. Annual Rep	port must be signed.*					
ID	Signature:	Signature: William		Date: 04/13/2010			
C 153819	Name (type	Name (type or print): William		Title: President			
Processed 04/13/2010	* Electronicall	* Electronically provided signatures are accepted as original signatures.					