2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131042

FILED Feb 13, 2007 Secretary of State

Entity Na	me: GAGLIAF	RDI CARPETS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	FLOSSMOOR ERS, FL 3391				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX FORT MYI	2761 ERS, FL 3393.	2 US			
FEI Number	: 55-0851844	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	f New Registered Agent:	
WANDERON, THOMAS 809 WALKERBILT ROAD 5 NAPLES, FL 34110 US			809 WALKERBILT RO. SUITE 5	WANDERON, THOMAS 809 WALKERBILT ROAD SUITE 5 NAPLES, FL 34110 US	
	named entity : e of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				02/13/2007	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () GAGLIARDI, TH P.O. BOX 2761 FORT MYERS,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () GAGLIARDI, TH P.O. BOX 2761 FORT MYERS,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () GAGLIARDI, TH P.O. BOX 2761 FORT MYERS,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () GAGLIARDI, M P.O. BOX 2761 FORT MYERS,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т ()) 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: THOMAS GAGLIARDI D 02/13/2007

GAGLIARDI, THOMAS

FORT MYERS, FL 33932 US

P.O. BOX 2761

Name:

Address:

City-St-Zip: