2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000015902

FILED Jun 10, 2006 Secretary of State

Entity Nai	me: FRED'S C	SUSTOM FLOOR COVERING	6, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
	HAVENUE S. RSBURG, FL 3	3712			
Current Mailing Address:			New Mailing Address:		
	HAVENUE S. RSBURG, FL 3	3712			
FEI Number:	: 20-0657231	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
2643 59TH	FREDERICK E (HAVENUE S. RSBURG, FL 3				
The above in the State	named entity s e of Florida.	ubmits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	c Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () HARMS, FREDE 2643 59TH AVE ST. PETERSBU	NUE S.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () HARMS, PATRIO 4997 2ND AVE. ST. PETERSBU	NORTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TD () Change (X) Addition HARMS, RYAN F 2531 LYNN LAKE CIR. SOUTH ST. PETERSBURG, FL 33712	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SD () Change (X) Addition EADES, JOSEPH E 524 61ST STREET SOUTH ST. PETERSBURG, FL 33707	
Title: Name: Address:	()	Delete	Title: Name: Address:	SD () Change (X) Addition HARMS, LOUIS C 2643 59TH AVE SOLITH	

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.

City-St-Zip: SAINT PETERSBURG, FL 33712

SIGNATURE: FRED HARMS PD 06/10/2006

City-St-Zip: