2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 431382

Title:

Name:

Address:

City-St-Zip:

FILED Mar 20, 2007 Secretary of State

					,
Entity Nai	me: MUSSAL	LEM ORIENTAL RUGS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	IPS HIGHWAY IVILLE, FL 322				
Current Mailing Address:			New Mailing Address:		
	IPS HIGHWAY VILLE, FL 322				
FEI Number:	: 59-1471737	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)
Name and	Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:
5801 PHIL	EM, CHARLES IPS HIGHWAY VILLE, FL 322	/			
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both
SIGNATU	RE:				
	Electron	nic Signature of Registered Ag	ent		Date
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VD (MUSSALLEM, 5801 PHILIPS JACKSONVILL	HIGHWAY	Title: Name: Address: City-St-Zip:	MUSSALLEM 5830 CLIFTO	
Title: Name: Address: City-St-Zip:	PD (MUSSALLEM, 3523 HILLIARE JACKSONVILL	ROAD	Title: Name: Address: City-St-Zip:	MUSSALLEM 5801 PHILIPS	(X) Change()Addition 1, CHARLES S III S HIGHWAY LLE, FL 32216
Title: Name: Address: City-St-Zip:	SD (D'AMOUR, RO: 1415 NICHOLS JACKSONVILL	SON RD.	Title: Name: Address: City-St-Zip:	MUSSALLEN 1011 ORIEN	(X) Change ()Addition 1, CHARLES S JR TAL GARDENS ROAD LLE, FL 32207
Title: Name: Address: City-St-Zip:	TD (JABOUR, MAR 8136 JOSE CII JACKSONVILL	₹ W	Title: Name: Address: City-St-Zip:	HERRO, LINI 1011 ORIEN	(X) Change ()Addition DA M TAL GARDENS ROAD LLE, FL 32207

Title: ATD (X) Delete Title: () Change () Addition Name: HERRO, LINDA M Name: Address: 1011 ORIENTAL GARDENS ROAD Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES S. MUSSALLEM III VP 03/20/2007

(X) Delete

MUSSALLEM, CHARLES S JR

JACKSONVILLE, FL 32207

1011 ORIENTAL GARDENS RD

() Change () Addition