


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 481679</b> 1. Entity Name <b>COMMERCIAL CARPET OF ST. PETERSBURG, INC.</b>	
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Principal Place of Business <b>4994 PARK BLVD PINELLAS PARK, FL 33781</b>	Mailing Address <b>4994 PARK BLVD PINELLAS PARK, FL 33781</b>
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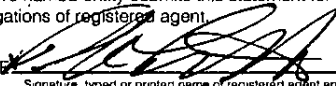
07112006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1627024</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WALTER ERRETT 106 5TH STREET BELLAIR BCH, FL 33786</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **7/21/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASSAN, NORMAN 6700 4TH AVE N ST PETERSBURG, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS ERRETT, WALTER 106 5TH STREET BELLAIR BCH, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/25/06-80002-009 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **WALTER ERRETT** 7/21/06 (727) 544-5131 546-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #