2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM Secretary of State **DOCUMENT #657119** JOE'S CARPET, INC. Mailing Address Principal Place of Business 138 N. FLORIDA AVENUE 138 N. FLORIDA AVENUE INVERNESS, FL 34453 US INVERNESS, FL 34453 No Chg-P CR2E034 (11/05) 01232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2015830 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORGENSEN, JON DO NOT WRITE 138 N FLORIDA AVE INVERNESS, FL 34453 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE JORGENSEN, JON B NAME STREET ADDRESS 138 N FLORIDA AVE CITY-ST-ZIP INVERNESS, FL 34453 TITLE 000000607364 01/31/07-80035-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I nereby certify that the information supplies 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 eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reserver or true be 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: __

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

-FILED