


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 030 ***150.00

DOCUMENT # 669671		
1. Entity Name WORLD OF CARPETS, INC.		

Principal Place of Business 4365 OKEECHOBEE BLVD B17 WEST PALM BEACH, FL 33409	Mailing Address 4365 OKEECHOBEE BLVD B17 WEST PALM BEACH, FL 33409
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2. Principal Place of Business - No P.O. Box # 817 Windermere Way Suite, Apt. #, etc.	3. Mailing Address 817 Windermere Way Suite, Apt. #, etc.
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City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL	4. FEI Number 59-2049231	Applied For Not Applicable
Zip 33418	Country	Zip 33418	Country

04092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DOMB, SUSAN 4365 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 817 Windermere Way City Palm Beach Gardens FL Zip Code 33418	
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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: Susan L. Domb President DATE: 4/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD- DOMB, SUSAN 4365 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 817 Windermere Way Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan L. Domb President DATE: 4/24/07 (561) 848-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR