2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

Feb 25, 2005 08:00 AM Secretary of State DOCUMENT # G07027 --1. Entity Name CARPETS & BLINDS BEAUTIFUL, INC. Mailing Address Principal Place of Business 5122 EDGEWATER DR 5122 EDGEWATER DR STE 200 ORLANDO FL 32810-5229 ORLANDO FL 32810-5229 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2236441 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGRATH, JANICE V. Street Address (P.O. Box Number is Not Acceptable) 5122 EDGÉWATER DR **STE 200** ORLANDO FL 32810 Zlp Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OF OFFICERS AND DIRECTORS BS AND DIRECTORS IN 11 10. 11. 02/25/05-80046-008 159 nr Addition TITLE TITLE Delete NAME MCGRATH, JANICE V. NAME STREET ADDRESS 5122 EDGEWATER DR., STE 200 STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE 🔲 Delete DTI F MYATT, NOEL P NAME NAME STREET ADDRESS 5122 EDGEWATER DR STE 200 STREET AODRESS ORLANDO FL 32810 CITY-\$T-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE DD E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change Addition TITLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE THE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of 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

-JANICE V. MCGRATH

FILED