2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# G28465

Entity Name: CARPET CURE SYSTEMS, INC.

Current Principal Place of Business:

10852 KOI RD.
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

10852 KOI RD.
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 59-2260787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILBERT, LOUIS J.
10852 KOI RD
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HILBERT, LOUIS,
Address: 10852 KOI RD
City-St-Zip: ORLANDO, FL

Title: VP ( ) Delete
Name: HILBERT, GAIL L.,
Address: 10852 KOI RD
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: CARAPELLUCCI, ROBERT
Address: 247 SOUTH SHADOW BAY CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VPD ( ) Delete
Name: LIVSON, JEFF
Address: 2833 RIDDLE DR
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: MARTIN, JEFFREY
Address: 1318 E.LAKESHORE DR
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: SCHUESSLER, LANCE
Address: 111 BUTLER DRIVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HILBERT, LOUIS,
Address: 10852 KOI RD
City-St-Zip: ORLANDO, FL 32817

Title: VP (X) Change ( ) Addition
Name: HILBERT, GAIL L.,
Address: 10852 KOI RD
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LOUIS J. HILBERT PRES 01/14/2009

Electronic Signature of Signing Officer or Director Date