

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28465

FILED  
Jan 05, 2010  
Secretary of State

**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  
**Name:** HILBERT, LOUIS  
**Address:** 10852 KOI RD  
**City-St-Zip:** ORLANDO, FL 32817

**Title:** VP  
**Name:** HILBERT, GAIL L.  
**Address:** 10852 KOI RD  
**City-St-Zip:** ORLANDO, FL 32817

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LOUIS J HILBERT

PRES

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date