2006 FOR PROFIT CORPORATION

Apr 20, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # H33307 04-20-2006 90210 005 ***150.00 1. Entity Name TUCKER CARPETS, INC. Principal Place of Business Mailing Address quuuvav C/O L. D. TUCKER C/O L. D. TUCKER 3535 U.S. HWY 17 NORTH 3535 U.S. HWY 17 NORTH WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 No Chg-P CR2E034 (11/05) 04182006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2499562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUCKER, L. D. DO NOT WRITE 3535 U.S. HWY 17 NORTH WINTER HAVEN, FL 33881 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 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: Recistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. TILE NAME TUCKER, L. D. 3535 U.S. HWY 17 NORTH STREET ADORESS CITY-ST-ZIP WINTER HAVEN, FL 33881 TIBLE NAME STREET ADDRESS CRTY-ST-ZPP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

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 trusted empowered to execute this report asprequired by Chapter 607, Florida Statutes; and that my name appears in Eleck 10 or Block 11 of the corporation or the receiver or truster changed, or on an attachment with an add

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SIGNATURE:

TID F NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADORESS CITY-ST-ZIP TILE NAME STREET ADDRESS

IN THIS SPACE

FILED