
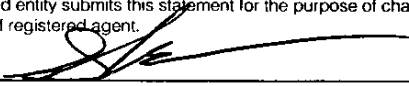
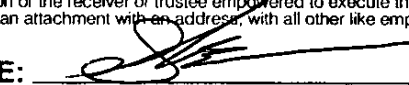


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90003 012 \*\*\*150.00

<b>DOCUMENT # K08224</b> 1. Entity Name <b>AAL STATE CARPET, INC.</b>			
Principal Place of Business <b>519 N GARLAND AVE</b> <b>ORLANDO, FL 32801 US</b>		Mailing Address <b>519 N GARLAND AVE</b> <b>ORLANDO, FL 32801 US</b>	
2. Principal Place of Business <b>3418 N. Orange Blossom Tr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3418 N. Orange Blossom Tr</b> Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b> Zip <b>32804</b>		City & State <b>Orlando, FL</b> Zip <b>32804</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>59-2862483</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COON, STEVE</b> <b>519 N GARLAND AVE</b> <b>ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3418 N. O.B.T.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32804</b>	
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>COON, STEVEN A</b> STREET ADDRESS <b>519 N GARLAND AVE</b> CITY - ST - ZIP <b>ORLANDO, FL 32801</b>	<input type="checkbox"/> Delete	TITLE <b>3418 N. O.B.T.</b> NAME <b>Orlando, FL 32804</b> STREET ADDRESS <b>Orlando, FL 32804</b> CITY - ST - ZIP <b>Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPS</b> NAME <b>COON, JENNIFER</b> STREET ADDRESS <b>519 N GARLAND AVE</b> CITY - ST - ZIP <b>ORLANDO, FL 32801</b>	<input type="checkbox"/> Delete	TITLE <b>3418 N. O.B.T.</b> NAME <b>Orlando, FL 32804</b> STREET ADDRESS <b>Orlando, FL 32804</b> CITY - ST - ZIP <b>Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

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07102006 Chg-P CR2E034 (11/05)