2007 FOR PROFIT CORPORATION ~ ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED PLANE OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE: _

DOCUMENT # 000000068621 L. Forlity-Some CARPET SOLUTIONS INC. May 02, 2007 8:00 am Secretary of State 05-02-2007 90039 023 ***150 00 State 05-02-2007 90039 023 ***150 00		ANNUAL RI	M	av 02	2007 8	\cdot 00	am				
Pincipal Place of Business Mailing Address P.O. BOX 150219 CAPE CORAL FL 33990 Solid State Port Solid State Port Solid State Port Solid State Port Solid April 4 (1006) Solid April 4 (1006)							Secreta	ry of S	tat	e	
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SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE COPAL GABLES FL 33134				Country				' Fee	Required		
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The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature State S	343 ALMERIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
Signature Sign					City			FL	Zip Code		
The content of the process of the	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing (Is	registero	ed office or	registered agent, or bo	oth, in the State of	Florida. I am famil	iar with, a	and accept	
Name	SIGNATURE :	Signature, typed or phined marke of registered agent a	erd tille i applicable. (NOI	F : Remsterer	a Agent signatur	re remained when rematational		DATE	.		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is truckend accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trustee empowered be 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.											
	12. I heroby of indicated of the core if change	certify that the information supplied with on this report or supplemental report is reportation or the receiver or trustee emp- id, or on an attachment with an address	n this tiling does not qualify true and accurate and that in owered to execute this report, with all other like empowers.	for the ex my signa int as requ ined.	comptions of lure shall ha uired by Cha	contained in Section 1: ave the same legal effo apter 607, Florida Stati	is, Florida Statute ect as if made undo utes; and that my r	s. I further certify to or oath; that I am a name appears in B	nat the in n officer o lock 10 o	itormation or director r Block 11	

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4/23/07 239-574.5394

Date Daylore Phone #