FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90174 017 ***150.00

DOCUMENT # P0/00062095 1. Entity Name	
IMPERIAL CARPET INC	

Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ITTLE PRESIDENT TIMOTHY W. ROSEMAN NAME	Applied For Not Applicable \$8.75 Additional Fee Required ad Agent
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State MELBOURNE Country Country Country Country Street Address (FQ Bigs Number's Not Acceptable) IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TITLE PRESIDENT Suite, Apt. #, etc. DO NOT WRITE IN THIS 4. FEI Number 6.5 ~ 1/2 8853 7. Name and Address of Current Registered The Tax filling requirement and elects to do so. (See criteria on back) Title PRESIDENT ROSEMAN ITILE NAME TIMOTHY W. ROSEMAN TITLE NAME DO NOT WRITE IN THIS DO NOT WRITE IN THIS A FEI Number 6.5 ~ 1/2 8853 To Net intend of Status Desired To Status Desired The Status Desired To Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required ad Agent
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NAME GEENN CROSEMAN' STREET ADDRESS 1292 VALLEY BROOK Rd. STREET ADDRESS	!
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR