

2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90155 001 ***150.00
06-05-2008 90155 002 *****8.75

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05232008 Chg-P CR2E034 (12/06)

DOCUMENT # P01000072342					
1. Entity Name LORD OF THE RUGS INC.					
Principal Place of Business 2114 WAVERLY PLACE MELBOURNE, FL 32901			Mailing Address 2114 WAVERLY PLACE MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box # 2114 WAVERLY PL.		3. Mailing Address 2114 WAVERLY PL.			
Suite, Apt. #, etc. 1B		Suite, Apt. #, etc. 1B			
City & State MELBOURNE, FL		City & State MELBOURNE, FL			
Zip FL 32901	Country U.S.A.	Zip 32901	Country U.S.A.	4. FEI Number 59-3736801	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LORD OF THE RINGS, INC 2114 WAVERLY PLACE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name: DAVID CASEY Street Address (P.O. Box Number is Not Acceptable) 2114 WAVERLY PL City MELBOURNE FL Zip Code 32901		
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:  DATE: 6.1.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASEY, TERRENCE 30 KINVARA RD DUBLIN, IR	<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	D CASEY, DAVID 2114 WAVERLY PLACE MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID CASEY			Date 6.1.08 (321726-6709) Daytime Phone #		