

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000024272

Entity Name: FUZZY SIDE UP CARPETS, INC.

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

11116 BLACK FOREST TRAIL
VALRICO, FL 33594

New Principal Place of Business:

11116 BLACK FOREST TRAIL
RIVERVIEW, FL 33569

Current Mailing Address:

11116 BLACK FOREST TRAIL
VALRICO, FL 33594

New Mailing Address:

11116 BLACK FOREST TRAIL
RIVERVIEW, FL 33569

FEI Number: 45-0468865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FRIM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURRAY, JUSTIN C
Address: 11116 BLACK FOREST TRAIL
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: MURRAY, JOSHUA C
Address: 3503 ACORN ST
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN C MURRAY

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date