2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P02000034935** 01-09-2006 90041 041 ***158.75 CARPET SERVICES UNLIMITED OF ORLANDO, INC. Principal Place of Business Mailing Address 2704 NORRIS AVE 2704 NORRIS AVE 60000260 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3299257 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULLER, RICHARD Street Address 2704 NORRIS AVE ORLANDO, FL 32803 Zip Code 32789 JARK 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME POLK, JOHN C MR NAME STREET ADDRESS 2704 NORRIS AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP VICE PRESIDENT Addition ☐ Delete TITLE ☐ Change TITLE mine megian NAME M MERINA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CL 32789 ☐ Delete TITLE ☐ Change Addition TITLE Richy Piotroushi NAME NAME 2704 MORE'S AUC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP winter Pack fl. 32789 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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.

FILED

Jan 09, 2006 8:00 am