

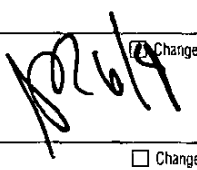


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| DOCUMENT # P03000116505 1. Entity Name DJ'S CARPET CARE & RESTORATION SERVICES, INC. | | | |  | | FILED 05 JUN -8 PM 1:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 27151 FRAMPTON AVE BROOKSVILLE, FL 34602 | | | | Mailing Address 27151 FRAMPTON AVE BROOKSVILLE, FL 34602 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  05312005 Chg-P CR2E034 (10/03) | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | | | | |
| 4. FEI Number 30-0210059 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| PENSIERO, DAVE 27151 FRAMPTON AVE BROOKSVILLE, FL 34602 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | State FL Zip Code | | | |
| 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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME <input type="checkbox"/> Delete D PENSIERO, DAVE STREET ADDRESS 27151 FRAMPTON AVE CITY-ST-ZIP BROOKSVILLE, FL 34602 | | | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 100056156451 06/14/05--01054--004 **26.25 | | | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP HOLIDAY, JOLLY 2715 FRAMPTON AVE BROOKSVILLE FL 34602 | | | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 05-26-05 01025 003 \$35.00 | | | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  | | | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. 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 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: <i>David Pensiero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 6-3-05 <small>Date</small> | | | |