2007 FOR PROFIT CORPORATION

FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90256 022 ***150.00

ANNUAL REPORT

SIGNATURE:

DOCUMENT # P03000144542 1. Entity Name COOK'S CARPET, INC. Principal Place of Business Mailing Address 40077105 9300 REGENCY PARK BLVD. 15106 DENNIS DRIVE HUDSON, FL 34669 PORT RICHEY, Ft. 34668 2. Principal Place of Business - No P.O. Box # Mailing Address DRIVE 5106 DENNIS 106 Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 20-0467981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ASCO Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Re COOK, DONALD 15106 DENNIS AVENUE Street Address (P.O. Box Number is Not Acceptable) **HUDSON, FL 34669** City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.VP TITLE Delete TITLE ☐ Change Addition COOK, DONALD NAME NAME 15106 DENNIS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34669 CITY-ST-ZIP TITLE ☐ Delele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITH F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 offect 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.

ME OF SIGNING OFFICER OR DIRECTOR