

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001692

FILED  
Aug 07, 2007  
Secretary of State

Entity Name: KEVIN POWERS CREATIVE CARPETS INC

## Current Principal Place of Business:

1008 MOHAWK RD  
VENICE, FL 34293 US

## New Principal Place of Business:

11199 ALCOTT AVE.  
ENGLEWOOD, FL 34224 US

## Current Mailing Address:

1008 MOHAWK RD  
VENICE, FL 34293 US

## New Mailing Address:

11199 ALCOTT AVE.  
ENGLEWOOD, FL 34224 US

FEI Number: 20-0556254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWERS, KEVIN  
1008 MOHAWK RD  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

POWERS, KEVIN  
11199 ALCOTT AVE.  
ENGLEWOOD, FL 34224 US

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:

08/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: POWERS, KEVIN  
Address: 1008 MOHAWK RD  
City-St-Zip: VENICE, FL 34293 US

Title: DVP (X) Delete  
Name: PARRISH, SHAWN  
Address: 227 MARK TWAIN LANE  
City-St-Zip: ROTONDA, FL 33947 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: POWERS, KEVIN  
Address: 11199 ALCOTT AVE.  
City-St-Zip: ENGLEWOOD, FL 34224 US

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: KEVIN POWERS

DP

08/07/2007

Electronic Signature of Signing Officer or Director

Date