


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 011 ***150.00

DOCUMENT # P04000008638 1. Entity Name FIRST CLASS CARPET, INC.					
Principal Place of Business 1609 SE FLINTLOCK RD. PORT ST. LUCIE, FL 34952			Mailing Address 1609 SE FLINTLOCK RD. PORT ST. LUCIE, FL 34952		
2. Principal Place of Business 1016 12th Place Suite, Apt. #, etc.		3. Mailing Address 1016 12th Place Suite, Apt. #, etc.			
City & State Vero Beach FL		City & State Vero Beach FL		4. FEI Number 20-0599258	
Zip 32962		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YEREANCE, JAY 1609 SE FLINTLOCK RD. PORT ST. LUCIE, FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1016 12th Place City Vero Beach FL Zip Code 32962	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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 STREET ADDRESS CITY-ST-ZIP	D YEREANCE, JAY 1609 SE FLINTLOCK RD. PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Has 1016 12th Place Vero Beach FL 32962 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: _____ (Signature and Typed or Printed Name of Signing Officer or Director)			Date 5/10/06 Daytime Phone # _____		