2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90338 024 ***150 00

1. Entity Name PAUL BROWN CARPET INC.						04-27-2003 9	0336 024	150.		
Principal Plac	ce of Business	Mailing Address	<u> </u>							
837 NE 181	TH COURT	837 NE 18TH COURT APT. #8								
APT. #8 FT. LAUDER	DALE, FL 33305 US	FT. LAUDERDALE, FL 33	3305 US			I BITAN ENGAN BITAN BITAN BI	Tilk Ediði liðii 89			
187	Place of Business	3. Mailing Address	4206							
Suite, Apt		Suite, Apt. #, etc.	· •		04122005	Chg-P	CR2E0	34 (10/03)		
	Red City, Fl	City & State City	FI		4. FEI Numb	300601	1993	<u> </u>	oplied For ot Applicable	
Zip 33	055 Colinity USB	^{Zip} 3305F	US A			of Status Desired		\$8.75 Add		
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New	Registered A	Agent		
BROWN,										
837 NE 18TH COURT APT. #8			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
	ERDALE, FL 33305			-				_		
	·		City Co	ara/	City		FL	Zip Coo	5 T (-	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registered	agent, or bo	th, in the State of F	Florida. I am I	familiar with,	and accept	
	12/13						41	12/01	_	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE.	Registered Agent signatur	re required wh	nen reinstating)		DATE	2/02	<u> </u>	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution					O May Be to Fees					
10.	OFFICERS AND I	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS.	CHANGES TO OF	FICERS AND			
TITLE	DP BROWN, PAUL	☐ Delete	TITLE NAME					Change	Addition	
STREET ADORESS	837 NE 18TH COURT APT #8			18000	نا داره	142PL				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	_ ## 		CARE	• (C7	142PL	305J			
TITLE NAME		☐ Delete	TITLE NAME			, ,		Change	Addition Addition	
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CITY-ST-ZIP			CITY-ST-ZIP							
NAME		☐ Delete	TITLE NAME					Change	Addition	
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STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADORESS CITY-ST-ZIP FITLE				·	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			STREET ADDRESS CITY-ST-ZIP TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP FITLE			.		Change	Addition	

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

Actor of Section 1985

RE AND PHILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 754368-4181