


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90017 016 \*\*\*150.00

**DOCUMENT # P04000017056**

1. Entity Name  
**CARPET VAULT, INC.**



Principal Place of Business  
**5471 NORTH DIXIE HIGHWAY  
 BAY 2  
 BOCA RATON FL 33487**

Mailing Address  
**3500 NW 5 AVE.  
 BOCA RATON FL 33431**



2. Principal Place of Business - No P.O. Box #  
**No change**

3. Mailing Address  
**No change**

Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**BEVERLY, BRAD  
 3500 NW 5TH AVENUE  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name  
**N/A**

Street Address (P.O. Box Number is Not Acceptable)

City  
**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 **N/A** **N/A** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	BEVERLY, BRAD		
	3500 NW 5TH AVENUE		
	BOCA RATON FL 33431		
V	BEVERLY, SUANNE		
	3500 NW 5TH AVENUE		
	BOCA RATON FL 33431		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brad Beverly 31 March 2008 561-251-7554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #