


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90004 021 ***150.00


DOCUMENT # P04000025070	
1. Entity Name CARPET BY TIM HINCHMAN, INC.	

Principal Place of Business 3707 NORTH A1A FT PIERCE, FL 34949	Mailing Address 3707 NORTH A1A FT PIERCE, FL 34949
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2. Principal Place of Business 903 King Orange Dr. Suite, Apt. #, etc.	3. Mailing Address 120 Warwick St. SE Suite, Apt. #, etc.
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City & State Fort Pierce, FL	City & State Palm Bay, FL
Zip 34982	Zip 32909
Country USA	Country USA


50061100



08042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HINCHMAN, RAYMOND 3707 NORTH A1A FT PIERCE, FL 34949	
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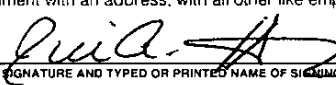
7. Name and Address of New Registered Agent	
Name Hartwig, Jill	
Street Address (P.O. Box Number is Not Acceptable) 120 Warwick St. SE	
City Palm Bay	FL Zip Code 32909

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  Jill A. Hartwig	DATE 8-8-05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINCHMAN, TIMOTHY 3707 NORTH A1A FT PIERCE, FL 34949 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARTWIG, JILL 3707 NORTH A1A FT PIERCE, FL 34949 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hartwig, Jill 903 King Orange Drive Fort Pierce, FL 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  Jill A. Hartwig	DATE 8-8-05 321-768-9956