

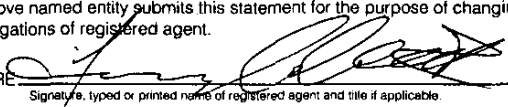
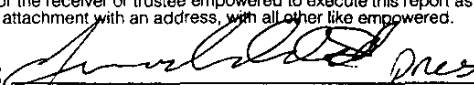


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90040 037 \*\*\*558.75

<b>DOCUMENT # P04000041239</b> 1. Entity Name <b>TD'S CARPET INSTALLATION INC.</b>					
Principal Place of Business <b>1422 MORROW ST. PORT ST LUCIE, FL 34983 US</b>			Mailing Address <b>1422 MORROW ST. PORT ST LUCIE, FL 34983 US</b>		
2. Principal Place of Business <b>2110 SE Shipping Rd</b> Suite, Apt. #, etc. <b>Port St Lucie FL.</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State Zip <b>34952</b> Country <b>ST Lucie</b>		City & State Zip Country		4. FEI Number <b>22-3899487</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>DICKISON, TOMMY D II</b> <b>1422 MORROW ST.</b> <b>PORT ST LUCIE, FL 34983</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Tommy D Dickison II</b> Street Address (P.O. Box Number is Not Acceptable) <b>2110 SE Shipping Rd</b> City <b>Port St Lucie</b> <b>FL</b> Zip Code <b>34952</b>		
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  DATE <b>9-2-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DICKISON, TOMMY D II</b> <b>1422 MORROW ST.</b> <b>PORT ST LUCIE, FL 34983</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Tommy D Dickison II</b> <b>2110 SE Shipping Rd</b> <b>Port St Lucie FL 34952</b>	<input checked="" 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		
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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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		
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: 			Date <b>9-2-06</b> Daytime Phone # <b>(772) 571-8684</b>		