2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P04000063043

Entity Name: ACCURATE CARPET CARE, INC.

Current Principal Place of Business:

4803 BUCHANAN DR
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

5475 NE ST. JAMES DRIVE #168
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

4803 BUCHANAN DR
PORT SAINT LUCIE, FL 34983

New Mailing Address:

5475 NE ST. JAMES DRIVE #168
PORT SAINT LUCIE, FL 34983

FEI Number: 86-1103721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARDIE, RENEE
AAA PERFECT BOOKKEEPING CO, INC.
901 MARTIN DOWNS BLVD #200A
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

JOSEPH, ROMAN
4803 BUCHANAN DRIVE
FORT PIERCE, FL 34982 US

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.

SIGNATURE: JOSEPH K ROMAN 03/23/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROMAN, JOSEPH
Address: 4918 NW FLINTSTONE AVE
City-St-Zip: STUART, FL 34983

Title: S (X) Delete
Name: ROMAN, SARAH
Address: 4918 NW FLINTSTONE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROMAN, JOSEPH
Address: 4803 BUCHANAN DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH K ROMAN P 03/23/2009
Electronic Signature of Signing Officer or Director Date