2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90196 004 ***150.00 DOCUMENT # P05000061670 KEVIN CUTTAIA CARPETS, INC. 40055223 Principal Place of Business Mailing Address 615 KING LOUIS COURT 615 KING LOUIS COURT SEFFNER, FL 33584 SEFFNER, FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State Not Applicable 42 \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition PΠ ☐ Change TITLE Delete TITLE **CUTTAIA KEVIN** NAME NAME 615 KING LOUIS COURT STREET ADDRESS STREET ADDRESS SEFFNER, FL 33584 CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition TITLE Delete TITLE NAME HICKS, TINA NAME STREET ADDRESS 615 KING LOUIS COURT STREET ADORESS CITY-ST-ZIP CITY-ST-7IP SEFFNER, FL 33584 Change ☐ Addition ☐ Delete TITLE TITLE MCMILLAN, RAMONA NAME NAME 615 KING LOUIS COURT STREET ADDRESS STREET ADORESS SEFFNER, FL 33584 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME

FILED

☐ Change

☐ 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.

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412106 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR