

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068206

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: 911-1 CARPET CARE & RESTORATION SERVICES, INC

## Current Principal Place of Business:

39066 US HWY 19 N  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1831  
TARPON SPRINGS, FL 34688

## New Mailing Address:

FEI Number: 20-2815964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAROTHERS, NINA  
6960 OLDGATE CIRCLE  
NEW PORT RICHEY, FL 34655 US

## Name and Address of New Registered Agent:

CAROTHERS-SHADE, NINA  
6960 OLDGATE CIRCLE  
NEW PORT RICHEY, FL 34655 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: NINA CAROTHERS-SHADE

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHADE, MICHAEL  
Address: 6960 OLDGATE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V ( ) Delete  
Name: CAROTHERS, NINA  
Address: 6960 OLDGATE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAROTHERS, MATTHEW  
Address: 3021 BONAVENTURE CIRCLE, #101  
City-St-Zip: PALM HARBOR, FL 34684

Title: VDST (X) Change ( ) Addition  
Name: CAROTHERS-SHADE, NINA  
Address: 6960 OLDGATE CIRCLE  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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: NINA CAROTHERS-SHADE

VDST

04/21/2006

Electronic Signature of Signing Officer or Director

Date