

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