2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P05000092222

Entity Name: 2 M CARPET INSTALLATION, INC

Current Principal Place of Business:

514 PEELESS CIRCLE
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

2901 N. DALE MABRY HWY
2306
TAMPA, FL 33607 US

Current Mailing Address:

514 PEERLESS CIRCLE
LEHIGH ACRES, FL 33936 US

New Mailing Address:

2901 N. DALE MABRY HWY
2306
TAMPA, FL 33607 US

FEI Number: 20-3071804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MARK A
514 PEERLESS CIRCLE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

WILLIAMS, MARK A
2901 N. DALE MABRY HWY
2306
LEHIGH ACRES, FL 33936 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: 05/01/2008
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,T ( ) Delete
Name: WILLIAMS, MARK A
Address: 514 PEERLESS CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VP,S (X) Delete
Name: WILLIAMS, MICHELLE
Address: 514 PEERLESS CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change ( ) Addition
Name: WILLIAMS, MARK A
Address: 2901 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33067 US

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: MARK A. WILLIAMS P.T 05/01/2008
Electronic Signature of Signing Officer or Director Date