
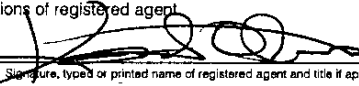
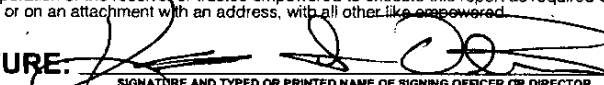


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90008 027 ***150.00

DOCUMENT # P05000099280			
1. Entity Name POETRY IN MOTION CARPET INSTALLATION OF TAMPA INC			
Principal Place of Business 6505 W CLIFTON TAMPA, FL 33634		Mailing Address 6505 W CLIFTON TAMPA, FL 33634	
2. Principal Place of Business Same		3. Mailing Address Same	
Suite, Apt. #, etc. Same		Suite, Apt. #, etc. Same	
City & State Same		City & State Same	
Zip Same	Country Same	Zip Same	Country Same
6. Name and Address of Current Registered Agent OLIVER, KEITH A 6505 W CLIFTON TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) Same City Same FL Zip Code Same	
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) DATE 2/14/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVER, KEITH A 6505 W CLIFTON TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/14/06 Daytime Phone #	