

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90174 027 \*\*\*150.00

<b>DOCUMENT # P05000153109</b> 1. Entity Name <b>ANDERSON'S CARPET INC.</b>					
Principal Place of Business <b>8303 PENNY LANE FORT PIERCE, FL 34951</b>			Mailing Address <b>8303 PENNY LANE FORT PIERCE, FL 34951</b>		
2. Principal Place of Business <b>8303 Penny Ln</b> Suite, Apt. #, etc.		3. Mailing Address <b>8303 Penny Ln</b> Suite, Apt. #, etc.			
City & State <b>Fort Pierce FL</b> Zip <b>34951</b> Country <b>St. Lucie</b>		City & State <b>Ft. Pierce FL</b> Zip <b>34951</b> Country <b>St. Lucie</b>		4. FEI Number <b>04-3833814</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ANDERSON, SUSAN 8303 PENNY LANE FORT PIERCE, FL 34951</b>			7. Name and Address of New Registered Agent Name <b>Anderson, Susan</b> Street Address (P.O. Box Number is Not Acceptable) <b>8303 Penny Ln.</b> City <b>Fort Pierce</b> <b>FL</b> Zip Code <b>34951</b>		
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 <u><i>Susan Anderson</i></u> DATE <u><i>4/14/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ANDERSON, PAUL</b> <b>8303 PENNY LANE</b> <b>FORT PIERCE, FL 34951</b> <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: <u><i>Paul Anderson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/13/06</i></u> Daytime Phone # _____		