

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061818

Entity Name: LOVE YOUR CARPET .INC

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

2275 LOST BOTTOMS LANE  
NAVARRE, FL 32566

## New Principal Place of Business:

6626 JAMES ST  
APT. B  
MILTON, FL 32570

## Current Mailing Address:

2275 LOST BOTTOMS LANE  
NAVARRE, FL 32566

## New Mailing Address:

6626 JAMES ST  
APT. B  
NAVARRE, FL 32570

FEI Number: 20-5710246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, APRIL M  
2275 LOST BOTTOMS LANE  
NAVARRE, FL 32547 US

## Name and Address of New Registered Agent:

PEREZ, APRIL M  
6626 JAMES ST  
APT. B  
MILTON, FL 32570 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:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: PEREZ, APRIL M  
Address: 2275 LOST BOTTOMS LANE  
City-St-Zip: NAVARRE, FL 32566 US

Title: VP ( ) Delete  
Name: PEREZ, SALVADOR A  
Address: 2275 LOST BOTTOMS LANE  
City-St-Zip: NAVARRE, FL 32566 US

Title: VP ( ) Delete  
Name: PEREZ, PEDRO A  
Address: 2275 LOST BOTTOMS LANE  
City-St-Zip: NAVARRE, FL 32566 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: PEREZ, APRIL M  
Address: 6626 JAMES ST APT. B  
City-St-Zip: MILTON, FL 32570 US

Title: VP (X) Change ( ) Addition  
Name: PEREZ, SALVADOR A  
Address: 6626 JAMES ST APT. B  
City-St-Zip: MILTON, FL 32570 US

Title: VP (X) Change ( ) Addition  
Name: PEREZ, PEDRO A  
Address: 6626 JAMES ST  
City-St-Zip: MILTON, FL 32570 US

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: APRIL M PEREZ

PS

04/24/2008

Electronic Signature of Signing Officer or Director

Date