

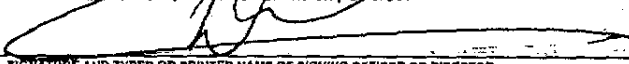


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P27783		
1. Entity Name AMERICAN CATALOG CARPETS, INC.		
Principal Place of Business 5717 N. DAVIS HIGHWAY PENSACOLA, FL 32503-2012		Mailing Address PO BOX 6607 ROBERT CROW MOBILE, AL 36660
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, DON W. C/O 5717 NO. DAVIS HIGHWAY PENSACOLA, FL 32503		 01102006 No Chg-P. CR2E034 (11/05) 4. FEI Number 59-2725534 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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		DO NOT WRITE IN THIS SPACE
TITLE	VO	
NAME	WILLIAMS, DON WADE	
STREET ADDRESS	1050 SO. BELTLINE HIGHWAY	
CITY - ST - ZIP	MOBILE, AL	
TITLE	STD	
NAME	WILLIAMS, BARBARA	
STREET ADDRESS	1050 SO. BELTLINE HIGHWAY	
CITY - ST - ZIP	MOBILE, AL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 full other like empowered.		
SIGNATURE: 		1-12-2006 251-344-9773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Don Williams		Date Daytime Phone #