2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P92000011065 Feb 20, 2006 08:00 AN 1. Entity Name **Secretary of State** SOUD'S QUALITY CARPETS, INC. Mailing Address Principal Place of Business 8440 PHILLIPS HWY 8440 PHILLIPS HWY JACKSONVILLE FL 32256-7466 JACKSONVILLE FL 32256-7466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3154074 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOUD, VICTOR 8030-8 PHILLIPS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 City 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 DATE Signature, typerflor printed name of registered agent and title if applicable (NOTE Registered Agent signature regulaed when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. 11. TITLE Delete TITLE ☐ Change U00000442022 NAME SOUD, JR., VICTOR J NAME STREET ADDRESS STREET ADDRESS 3420 EXCALIBER WAY EAST 03/04/06-80002-009 150.00 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL DVP ☐ Delete ☐ Change ☐ Addition TITLE NAME ATTER, SAM STREET ADDRESS STREET ADDRESS 9360 CRAVEN ROAD, #405 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Add Sir THE ☐ Chande TITLE NAME SOUD, DEBBIE STREET ADDRESS STREET ADDRESS 3420 EXCALIBER WAY EAST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change T Addition ☐ Delete TITLE TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/F CITY-ST-ZIP A hilling ☐ Delete DILE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

ONING OFFICER OR DIRECTOR

SIGNATURE:

2/18/06 904 730-4152