

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000016777

1. Entity Name  
GEORGIA CARPET, INC.



**FILED  
Mar 22, 2007 8:00 am  
Secretary of State**

03-22-2007 90012 028 \*\*\*158.75

Principal Place of Business 2181 SLEEPYHOLLOW DRIVE PALM BAY, FL 32905 US	Mailing Address 2181 SLEEPYHOLLOW DRIVE PALM BAY, FL 32905 US
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2. Principal Place of Business - No P.O. Box # 3665 W. New Haven Ave	3. Mailing Address 3665 W. New Haven Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State W. Melbourne, FL	City & State W. Melbourne, FL
Zip 32904	Country USA
Zip 32904	Country USA



03202007 Chg-P CR2E034 (12/08)

4. FEI Number 59-3179186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
GIBBS, NOAH 2181 SLEEPYHOLLOW DRIVE PALM BAY, FL 32905	
Name Tammy Gibbs Street Address (P.O. Box Number is Not Acceptable) 311 Darrow Ave	
City Melbourne FL Zip Code 32901	

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

*Tammy S. Gibbs*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-20-07

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GIBBS, NOAH 2181 SLEEPY HOLLOW DR PALM BAY, FL 32905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tammy Gibbs 311 Darrow Ave Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Timothy Gibbs 311 Darrow Ave Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Burgess 107 Pier Lane Melbourne Bch, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tammy S. Gibbs* Tammy S. Gibbs 3-20-07 321-984-7585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #