2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 27, 2006 08:00 AM DOCUMENT # P96000004447 **Secretary of State** GREAT LAKES CARPET SERVICES, INC. Principal Place of Business Mailing Address 232 BASIN ORIVE 232 BASIN DRIVE LAUDERDALE BY THE SEA, FL 33308 LAUDERDALE BY THE SEA, FL 33308 01232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0632514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, COURTNEY DO NOT WRITE 232 BASIN DR. LAUDERDALE BY THE SEA, FL 33308 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 Signature, typed or printed name of registered agent and trie if applicable. (NDTE: Registered Agent signature required when reinstating) 000000480372 04/10/06-80040-017 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE WILSON, COURTNEY NAME STREET ADDRESS 232 BASIN DRIVE CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 TITLE HAME STREET ACURESS CITY-ST-ZIP mle NAME STREET ADDRESS DO NOT WRITE CATY-ST-21P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not quality 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 further empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with impladdess, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

16-06 954-49/3217

FILED